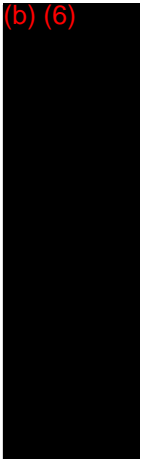
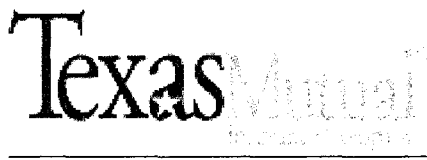


(b) (6)



Accident -
5-7-08



05/19/2008

C E S ENVIRONMENTAL SERVICES I
4904 GRIGGS RD
HOUSTON TX 77021-3208

Notification Confirming Receipt of Claim

Date of Injury: 05/07/2008
Injured Worker: (b) (6)
Claim Number: 99J0000531020
Policy Number: 0001086044

Attached is a copy of the information another party reported to Texas Mutual Insurance Company which was used to establish this claim. You may submit additional claim information to Texas Mutual Insurance Company. If you have questions regarding this report of injury please contact us at (800) 859-5995.

If your policy includes our workers' compensation health care network option you are required by law to obtain a second Employee Acknowledgement of Workers' Compensation Network Form signed by the injured worker. Please submit a copy of the signed, second acknowledgement form to Texas Mutual Insurance Company. You can find a copy of the form online at www.texasmutual.com/hcn/hcn.shtm

Below please find information that will help you through the claim process:

To submit additional claim information:

Mail to: P. O. Box 12029
Austin, Texas 78711-2029
Fax to: (512) 224-3889

To locate a treating doctor:

www.texasmutual.com/workers/iwADL.shtm

To contact the handling adjuster:

Call: (800) 859-5995
Monday - Friday; 8:00 a.m. - 5:30 p.m.

To obtain a copy of the Employer and Employee Rights and Responsibilities in the Workers' Compensation System:

www.texasmutual.com/employers/erRights.shtm

To locate a pharmacy, or for pharmacy questions, contact Scripnet:

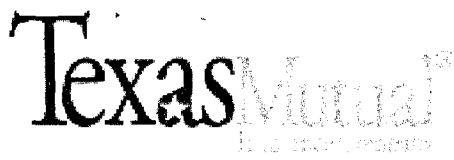
Call: (888) 880-8562
www.scripnet.com

To obtain a copy of the Employer and Employee Rights and Responsibilities for the workers' comp health care network:

www.texasmutual.com/hcn/hcn.shtm

Additional Texas Mutual® online services at www.texasmutual.com, available 6 a.m. - 9 p.m., include:

- o Obtain logon id, or for immediate logon id, call (800) 859-5995, M-F, 8:00 a.m. - 5:30 p.m.
- o Submit first report of injury in the Employers section
- o Submit wage statement when reviewing loss runs and claim details
- o Obtain specific claim summary information



Claim Number: 99J0000531020

Notification Date: 05/16/2008

EMPLOYER'S FIRST REPORT OF INJURY

<u>INJURED EMPLOYEE</u>	<u>BUSINESS/EMPLOYER</u>
Name: (b) (6)	Name: C E S ENVIRONMENTAL SERVICES I
SSN: XXX-XX-(b) (6)	Address:
Mailing Address: (b) (6)	4904 GRIGGS RD
	HOUSTON TX 77021-3208
County:	Phone: (713)676-1460 Ext: Fax: (713)676-1676
Physical Address:	Policy Number: 0001086044
County:	FEIN: 760592985
Home Phone:	Location ID:
Date of Birth: (b) (6)	<u>EMPLOYMENT</u>
Marital Status: Unknown	Occupation:
Gender: Male Dependents: 00	Hire Date: 00/00/0000 State:
Language: English	Partner/Officer/Owner:
	Date Lost Time Began: 00/00/0000
	Return to Work Date: 00/00/0000
	Last Paycheck was:
	Wage:
	Frequency:
	Hours/Week: Days/Week:
	Period Start: 00/00/0000 Period End: 00/00/0000
	Supervisor
	Name:
	Phone: Ext:
	<u>PREPARER OF REPORT</u>
	Name:
	Phone: Ext: Fax:
	Email:
<u>MEDICAL PROVIDER</u>	
Name:	
Tax ID:	
Address:	
Phone: Ext: Fax:	
<u>ATTORNEY</u>	
Represented by Attorney:	
Name:	
Phone:	
<u>INJURY INFORMATION</u>	
Date of Injury: 05/07/2008 Time: 00:00	Address Where Injury Occurred:
Date Reported: 00/00/0000	
Nature of Injury: BURN	
Cause of Injury: BURN/SCALD HEAT OR COLD EXP-CONTACT/W-CHEMICALS	County:
Part of Body: MULTIPLE BODY PARTS(INCL.BODY SYSTEMS & BDY PARTS	Witnesses:
Fatality: No	Name: Phone:
	Name: Phone:
	Name: Phone:

How and Why the Injury/Illness Occurred

BURN TO HEAD, EYE: CAUSTIC SUBSTANCE. CLAIM CREATED FROM UB04.

EPAHO043000333



**CES Environmental
Services, Inc.**

4904 Griggs Road
Houston, TX 77021
Phone: (713) 676-1460
Fax: (713) 676-1676

Fax

To: Texas Mutual

From: Karl Guidry

Mobile: (832) 287-0862

Fax: 713-316-2191

Pages: Pages to follow

Attn: Phillip smith

Date: May 22, 2008

Paperwork related to Salvador Garcia Claim 99J531020.

Karl Guidry

EPAHO043000334


***** -IND. XMT Journal- ***** Date MAY-22-2008 ***** Time 09:56 *****

Date/Time = MAY-22-2008 09:53
Journal No. = 181
Comm. Result = OK
Page(s) = 007
Duration = 00:01:24
File No. = 966
Mode = Memory Transmission
Destination = 7133162191
Received ID = / 7133162191
Resolution = Fine

-CES ENVIROMENTAL -

***** DP-C264 ***** -


- ***** - 7137488664- *****

 Bayshore Medical Center 4000 Spencer Hwy, Pasadena, TX 77504	Patient Information	Treating Provider	Discharge Summary
	(b) (6)	LIEU NGO MD 4000 Spencer Hwy, Pasadena, TX 77504 Phone: 713-359-1440	Date: 5/7/08 Time: 2:38:29 AM <h2>Patient Copy</h2>

1) Your Discharge Instructions: BURN CARE #Document: 56 (Spanish) NARCOTIC MEDICATION #Document: 548 (Spanish)	2) Your Prescriptions: Vicodin Oral Tablet 5-500 Milligram 1 TABLET EVERY 4 TO 6 HOURS AS NEEDED # 15 TABLET (0 Refills) Silvadene External Cream 1 % 1 APPLICATION TWICE DAILY- DO NOT APPLY TO FACE, EYES # 1 (30 GM) TUBE(S) (0 Refills)
---	--

3) You should Follow Up with:	
Follow Up Physician:	Follow Up Information
YOUR REGULAR PHYSICIAN, Phone: Fax:	On 05/7/2008 this patient was treated in the Emergency Department at Bayshore Medical Center located at 4000 Spencer Hwy, Pasadena, TX 77504 for Refer to Discharge list above. The patient was asked to follow up 1 day. ADDITIONAL NOTES: Please follow up with your doctor for re-evaluation in 1-2 days. Take the medication as directed. Keep the area clean, dry, and intact. If you should have continuing or worsening of pain, signs or symptoms of infection, or have any concerns, see your doctor or return to the ED.

I understand that the emergency care which I received is not intended to be complete and definitive medical care and treatment. I acknowledge that I have been instructed to contact the above physician immediately for continued and complete medical diagnosis, care and treatment. EKG's, X-rays, and lab studies will be reviewed by appropriate specialists and I will be notified of significant discrepancies. I also understand that my signature authorizes this Medical Center to release all or any part of my medical record (including, if applicable, information pertaining to AIDS and/or HIV testing, mental health records, and drug and/or alcohol treatment) to the referred physician listed above.

 <p>Bayshore Medical Center 4000 Spencer Hwy, Pasadena, TX 77504</p>	Patient Information (b) (6) Phone:	Treating Provider LIEU NGO MD 4000 Spencer Hwy, Pasadena, TX 77504 Phone: 713-359-1440	Discharge Instructions Date: 5/7/08 Time: 2:38:27 AM <h1>Patient Copy</h1> Page: 1 of 2
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Patient Discharge Instructions	Document: 56
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CUIDADO DE UNA QUEMADURA / BURN CARE

Una quemadura ocurre cuando la piel se expone a demasiado calor, sol o a químicos dañinos. Una quemadura de primer grado causa enrojecimiento solamente, como una quemadura de sol, y se cura en pocos días. Una quemadura de segundo grado es más profunda y causa la formación de una ampolla. Esto tomará hasta 2 semanas en sanarse. Una quemadura de tercer grado lesiona todas las capas de la piel y es muy grave. Puede tomar 1 mes o más en sanarse.

Siga Estas Instrucciones Con Cuidado:

1. Mantenga el área de la quemadura elevada y descansada por los próximos 2 a 3 días. Después usted debe mover las coyunturas alrededor de la quemadura mientras cambia su vendaje
2. Siempre mantenga el área alrededor de la quemadura limpia. Lavase las manos antes de tocarse la quemadura.
3. Usted puede ponerse una compresa fría (una bolsa plástica con hielo envuelta en una toalla) para controlar el dolor. También puede tomar aspirina, ibuprofen o acetaminofén.
4. A menos que le digan otra cosa, usted debe cambiar su vendaje una vez al día. Si el vendaje se pega, mójelo en agua tibia o agua oxigenada.
5. Lave el área de la quemadura con jabón y agua para quitar la crema y pomada, pus o costra. Puede hacer esto en el lavamanos, bajo el tubo de la bañera / tina o en la regadera / ducha. Enjuague el jabón y seque con una toalla limpia. Observe si hay señales de infección como las escritas abajo.
6. Vuelva a ponerse la crema o pomada según las instrucciones del medico. Esto ayudara a que no se le pega el vendaje y a prevenir la infección.
7. Cubra la quemadura con una gasa que no se pegue. Luego, envuélvela con el vendaje. Si el vendaje se ensucia o lo nota mojado, cámbielo lo mas pronto posible.
8. No rompa ninguna de las ampollas. Una vez que la ampolla se abre por si sola se necesita cortar la piel muerta con unas tijeras finas y bien cortantes.

Seguimiento con su medico o esta institución según las instrucciones dadas, o si su quemadura no este sana dentro de 10 días. La mayoría de las quemaduras se sanan sin infección. Sin embargo, puede ocurrir de vez en cuando una infección aún con tratamiento adecuado. Debe revisar su quemadura en 2 días por las señales de infección escritas abajo.

Regrese a esta institución de inmediato o avisele a su doctor si le ocurre cualquiera de las siguientes condiciones:

- Aumento del dolor en la herida.
- Aumento del enrojecimiento, hinchazón o que sale pus de la herida.
- Líneas rojas en la piel que parten de la herida.
- Fiebre por encima de los 100.0 grados.

Patient Discharge Instructions	Document: 548
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MEDICAMENTOS NARCÓTICOS / NARCOTIC MEDICATIONS


Le han recetado un medicamento narcótico. Las medicinas narcóticas se usan para aliviar el dolor. Algunos ejemplos de estas medicinas incluyen los siguientes:

- Codeína (Tylenol #2, #3 - jarabe para la tos)
- Propoxifeno (Darvocet, Darvon)
- Hidrocodona (Vicodin)
- Oxycodona (Percocet, Percodan)

Estas drogas pueden causar sueño. Entonces se deben tomar según las instrucciones dadas.

Como Se Debe Tomar Este Medicamento:

1. Si esta medicina le irrita el estómago causándole malestar, tómala con comida.
2. Únicamente debe ser tomada cuando la necesita y en los tiempos recetados (en la etiqueta). Si usted no tiene dolor, no tome esta medicina.
3. Las medicinas narcóticas pueden hacerse un hábito; entonces, toma la medicina solamente según las instrucciones dadas. **No tome** más pastillas de lo recetado, **no la tome** más s veces de lo recetado y **no la tome** por más tiempo de lo recetado.

 <p>Bayshore Medical Center 4000 Spencer Hwy, Pasadena, TX 77504</p>	Patient Information (b) (6) Phone:	Treating Provider LIEU NGO MD 4000 Spencer Hwy, Pasadena, TX 77504 Phone: 713-359-1440	Discharge Instructions Date: 5/7/08 Time: 2:38:28 AM <h1>Patient Copy</h1> Page: 2 of 2
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De Que Sé Debe Tener Cuidado De:

Efectos Secundarios Posibles:

- Si la medicina le da mareos o sueño, toma una dosis menor, partiendo una patilla por la mitad o tomándola menos veces de lo recetado.
- Si le da estreñimiento, beba bastante liquido, toma una dosis pequeña de un laxante suave como Lecho de Magnesio cuando sea necesario y añade fibra a su dieta.
- Si tiene dificultad en orinar, deja de tomar la medicina y llama a su médico.

Reacción Alérgica Posible: Ronchas (erupción), picazón, hinchazón, dificultades al respirar o tragar. Usted debe llamar a su medico o regresar a esta institución de inmediato.

Condiciones Médicas: Antes que usted comienza a tomar esta medicina, asegúrese bien de que su médico sabe o no si usted sufre de cualquiera de las siguientes condiciones:

- Una próstata agrandada.
- Embarazo o dando de pecho.

Interacción de Drogas Posible: Puede haber un aumento en los efectos secundarios si toma esta medicina con alcohol, relajantes musculares, calmantes, antidepresivos tricíclicos, inhibidores MAO o cualquier otra medicina para el dolor. Asegúrese bien de que su médico sabe de cualquier otra medicina que usted esta tomando.

Nota Estas Advertencias:

- **No maneja** ningún vehículo (carro), ni monte a bicicleta, ni opere maquinaria peligrosa, ni se suba por una escalera, ni haga ninguna otra actividad donde se tiene que concentrarse y pueda lesionarse por **lo menos 12 horas** después de haber tomado esta medicina hasta saber como le va a afectar.
- El uso prolongado (por mucho tiempo) de esta medicina puede **hacerse un hábito** y darse a la **adicción**.
- **Avísale a su médico** de cualquier otra droga que usted este tomando.
- **No beba alcohol mientras este tomando esta medicina.**

Deja de tomar este medicamento y llama a su médico o regresa a esta institución de inmediato si usted comienza a sufrir de cualquiera de las siguientes condiciones:

- Ronchas o picazón.
- Confusión, mareos o sensación de borrachera.
- Alucinaciones.
- Visión borrosa.
- Respiración lenta, latidos del corazón lentos o debilidad severa.
- Nausea o vómitos.
- Dolor de estómago o del pecho.
- Cualquier otra condición que le preocupa.

Discharge Instructions Special Notes

Discharge Instructions Special Notes

I understand that the emergency care which I received is not intended to be complete and definitive medical care and treatment. EKG's, X-rays, and lab studies will be reviewed by appropriate specialists and I will be notified of significant discrepancies. If your symptoms persist or worsen, please follow-up with your primary physician or return to the Emergency Department.

05/22/2008 9:38

Employee Timecard Report

CES Environmental Services, Inc

05/04/2008 - 05/10/2008

HTO - Hours Toward Weekly Overtime

? Exception

+ Added Item

* Tardy

{ Previous Day Punch

Badge: 125 ID: 0080

Garcia, Salvador (Disposal Facility)

Date	In	Out	In	Out	Total	Overtime	HTO	Meal	Notes
05/04/2008 Sun	8:41	+12:00	+12:30	20:12	11:01	0:00	11:01	0:00	
05/05/2008 Mon	17:16	6:52			13:36	0:00	24:37	0:00	
05/06/2008 Tue	17:06	5:42			12:36	0:00	37:13	0:00	
05/07/2008 Wed	+17:05	+23:00	+23:30	6:01	12:26	9:39	49:39	0:00	
05/08/2008 Thu	None				0:00	0:00	49:39	0:00	
05/09/2008 Fri	16:45	6:52			14:07	14:07	63:46	0:00	
05/10/2008 Sat	None				0:00	0:00	63:46	0:00	

<u>Department</u>	<u>Reg</u>	<u>OT</u>	<u>Vac</u>	<u>Sick</u>	<u>Hol</u>	<u>Per</u>	<u>Other</u>	<u>Total</u>
Disposal Facility	40:00	23:46	0:00	0:00	0:00	0:00	0:00	63:46
Totals	40:00	23:46	0:00	0:00	0:00	0:00	0:00	63:46

Employee Signature

Date

Approved By

Date

Notes:

Date

Editor

Text

None Listed

EPAHO043000339

05/22/2008 9:45

Employee Timecard Report

CES Environmental Services, Inc

05/11/2008 - 05/17/2008

HTO - Hours Toward Weekly Overtime

? Exception

+ Added Item

* Tardy

{ Previous Day Punch

Badge: 125 ID: 0080

Garcia, Salvador (Disposal Facility)

Date	In	Out	In	Out	Total	Overtime	HTO	Meal	Notes
05/11/2008 Sun	9:08	18:27			9:19	0:00	9:19	0:00	
05/12/2008 Mon	17:10	6:22			13:12	0:00	22:31	0:00	
05/13/2008 Tue	17:41	6:49			13:08	0:00	35:39	0:00	
05/14/2008 Wed	17:15	+23:00	+23:30	7:21	13:36	9:15	49:15	0:00	
05/15/2008 Thu	16:55	+23:00	+23:30	7:21	13:56	13:56	63:11	0:00	
05/16/2008 Fri	17:00	+23:00	+23:30	6:23	12:53	12:53	76:04	0:00	
05/17/2008 Sat	None				0:00	0:00	76:04	0:00	

<u>Department</u>	<u>Reg</u>	<u>OT</u>	<u>Vac</u>	<u>Sick</u>	<u>Hol</u>	<u>Per</u>	<u>Other</u>	<u>Total</u>
Disposal Facility	40:00	36:04	0:00	0:00	0:00	0:00	0:00	76:04
Totals	40:00	36:04	0:00	0:00	0:00	0:00	0:00	76:04

Employee Signature

Date

Approved By

Date

Notes:

<u>Date</u>	<u>Editor</u>	<u>Text</u>
None Listed		

EPAHO043000340

05/22/2008 9:46

Employee Timecard Report

CES Environmental Services, Inc

05/18/2008 - 05/24/2008

HTO - Hours Toward Weekly Overtime

? Exception

+ Added Item

* Tardy

{ Previous Day Punch

Badge: 125 ID: 0080

Garcia, Salvador (Disposal Facility)

Date	In	Out	In	Out	Total	Overtime	HTO	Meal	Notes
05/18/2008 Sun	9:15	19:23			10:08	0:00	10:08	0:00	
05/19/2008 Mon	16:41	8:01			15:20	0:00	25:28	0:00	
05/20/2008 Tue	17:05	6:49			13:44	0:00	39:12	0:00	
05/21/2008 Wed	13:00	14:34	17:32	?	?	?	740:46	0:00	
05/22/2008 Thu	None				0:00	0:00	740:46	0:00	
05/23/2008 Fri	None				0:00	0:00	740:46	0:00	
05/24/2008 Sat	None				0:00	0:00	740:46	0:00	

<u>Department</u>	<u>Reg</u>	<u>OT</u>	<u>Vac</u>	<u>Sick</u>	<u>Hol</u>	<u>Per</u>	<u>Other</u>	<u>Total</u>
Disposal Facility	740:00	70:46	70:00	70:00	70:00	70:00	70:00	740:46
Totals	740:00	70:46	70:00	70:00	70:00	70:00	70:00	740:46

Employee Signature

Date

Approved By

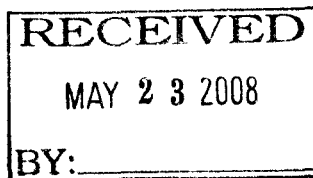
Date

Notes:

<u>Date</u>	<u>Editor</u>	<u>Text</u>
None Listed		

EPAHO043000341

May 22, 2008



C E S ENVIRONMENTAL SERVI

4904 GRIGGS RD
HOUSTON, TX 770213208

Re: Claim #: 99J0000531020
Employee: (b) (6)
Soc. Sec.: (b) (6)
Employer: C E S ENVIRONMENTAL SERVI
Date of Injury: 05/07/2008
DWC #:

In accordance with the Division of Workers' Compensation Rules, we are requesting that you submit the information indicated below. The DWC3 and DWC6 forms are available for printing from our website, www.texasmutual.com, under services, or from the division's website, www.tdi.state.tx.us. For your convenience, a DWC3 is now available for you to complete and submit on-line. It is located on our website, www.texasmutual.com under the Employers - Loss Run & Claims Detail Section. If you need assistance with filing the DWC3 on-line please contact me. If you do not have access to the Internet, we will be happy to send you a blank form.

☒ **DWC3 EMPLOYER'S WAGE STATEMENT (Rule 128.2) - Please fax or email attachment or use the on-line version (www.texasmutual.com).**

OR

☐ **DWC3SD EMPLOYER'S WAGE STATEMENT FOR SCHOOL DISTRICTS (Rule 128.7)**

☒ **DWC6 EMPLOYER'S SUPPLEMENTAL REPORT OF INJURY OR ILLNESS (Rule 120.3) - Please fax or email attachment. The following time frames apply.**

Within 10 days after:

- The end of each pay period in which the employee's earnings have changed as a result of the injury, OR
- The employee returns to work, or the employee, after returning to work experiences an additional day(s) of disability as a result of the injury.

Within 3 days after:

- The employee begins to lose time from work as a result of the injury, OR
- The employee returns to work, or the employee, after returning to work experiences an additional days(s) of disability as a result of the injury

AND

☐ **EMPLOYEE ACKNOWLEDGEMENT OF WORKERS' COMPENSATION NETWORK FORM (This form(s) shall be completed, signed and submitted). Please fax or send attachment via email as soon as possible.**

☐ **COPY OF THE POST-ACCIDENT DRUG SCREEN RESULTS**

Failure to provide the required information is an administrative violation and may result in the assessment of a penalty from the Division of Workers' Compensation.

Thank you for your prompt attention to this matter. If you have any questions, please call me at 1-800-859-5995 ext. 2115.

Sincerely,

Phillip W Smith/MC

Phillip W Smith
WORKERS' COMPENSATION SPEC II

EPAHO043000342

(b)
(b)

Tafila
4-9-08

Accident

April 10, 2008

At 9:45 P.M. on FM 1960 W @ Jones Rd. in North Houston, I was involved in a minor collision. I was exiting and taking a left across a three lane road trying to get into the median to merge onto 1960 westbound. Simultaneously, a Blue Ford Ranger was attempting the exact same turn and we collided in the median. Both the other driver and I incurred damage to the driver's side front end, but were not injured in the accident.

X 

Durim Tafilaj
CES Environmental Services, Inc.

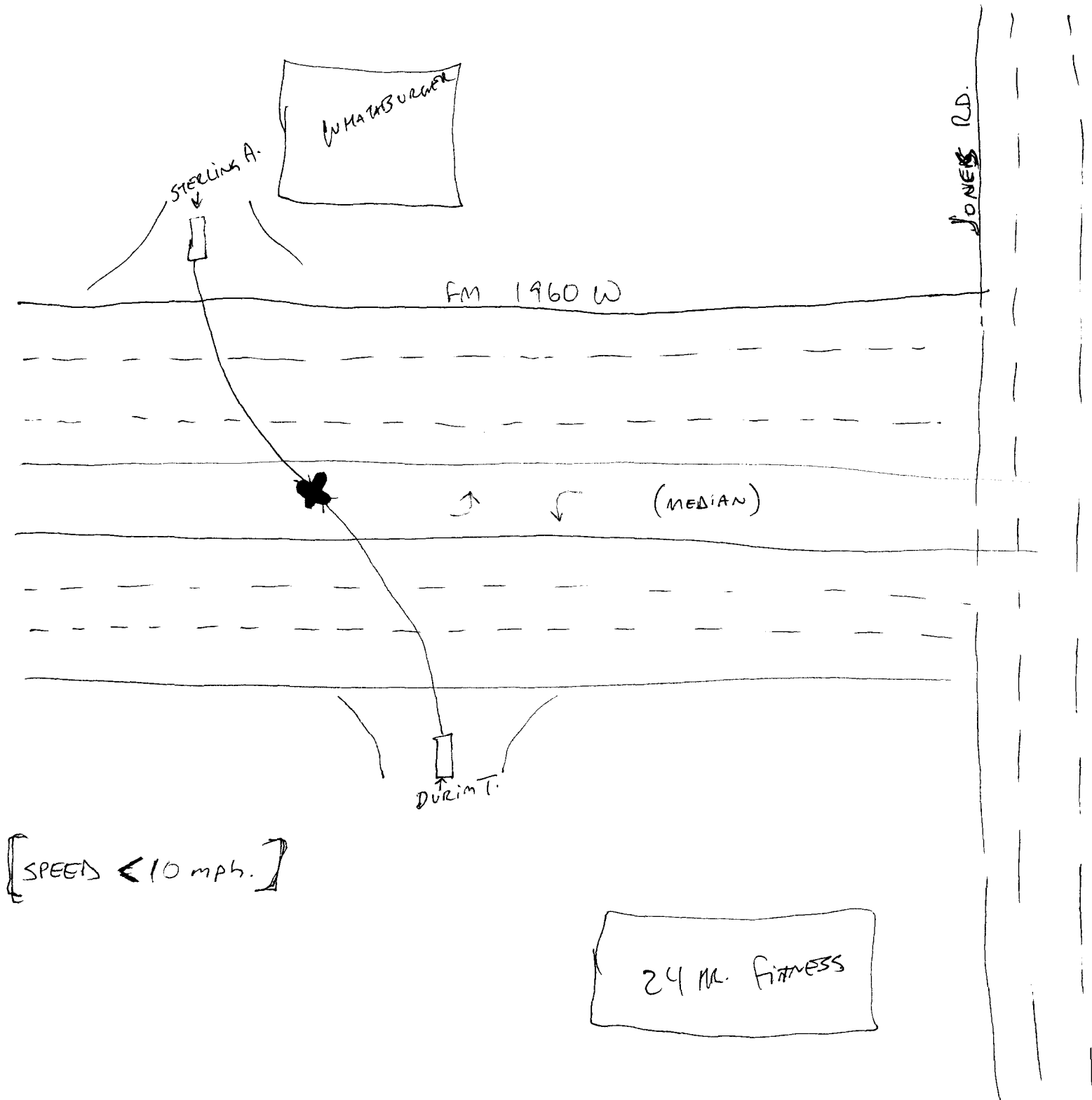
STERLING ARMSTEAD

TX DL# (b) (6)

TEL: (b) (6)

INS#

COMPANY:



APR 18 2008



AIG Domestic Claims, Inc.
Property/Casualty Division
P.O. Box 25588
Shawnee Mission, KS 66225
(800) 242-2987
(all other) Fax (866) 723-0109
(new losses) Fax (866) 854-4926

**AUTOMOBILE LIABILITY
NEW CLAIM ACKNOWLEDGEMENT**

April 15, 2008

CES ENVIRONMENTAL SERVICES INC
4904 GRIGGS RD
HOUSTON, TX 77021

RE: Insured : CES ENVIRONMENTAL SERVICES INC
Carrier : Commerce & Industry
Date of Loss : 04/09/2008 Date Reported : 04/10/2008
Claim Number : 684-226715 Date Received : 04/10/2008

This letter will confirm receipt of the above referenced claim.

ADDITIONAL CLAIM INFORMATION:

Policy Number : 005062132
Loss Location : 1960 WEST & JONES RD HOUSTON, TX
Description of Loss : BOTH OTHER'S VEHICLE & INSD'S VEHICLE NOT CLAIMING FAULT/IV &
OV BOTH CROSSED LANES TO MEDIAN TO TUR
Insured Driver : TAFILAJ DURIM

RISK ANALYSIS INFORMATION:

Level 1:	
Level 2:	
Level 3:	
Level 4:	
Level 5:	
Level 6:	

CLAIMANT INFORMATION:

Symbol	Name	
001	STERLING ARMSTEAD	MJC 007
002	CES ENVIRONMENTAL SERVICES	009

If you have any comments or questions, please feel free to contact me. Kindly refer to the above claim number on any correspondence.

Sincerely,
ELIZABETH WALTER
FAST TRACK REP
251-PC OVERLAND PARK, KS
(913) 338-9298
ELIZABETH.WALTER@AIG.COM
Original

EPAHO043000346

APR 05 2008



AIG Domestic Claims, Inc.

Property/Casualty Division

P.O. Box 25588

Shawnee Mission, KS 66225

(800) 242-2987

(all other) Fax (866) 723-0109

(new losses) Fax (866) 854-4926

**AUTOMOBILE LIABILITY
CLOSED CLAIM NOTICE**

April 30, 2008

CES ENVIRONMENTAL SERVICES INC
4904 GRIGGS RD
HOUSTON, TX 77021

RE: Insured : CES ENVIRONMENTAL SERVICES INC
Carrier : Commerce & Industry
Date of Loss : 04/09/2008 Date Reported : 04/10/2008
Claim Number : 684-226715 Date Received : 04/10/2008

The above captioned claim has been closed. The following amounts were paid on the claim:

Symbol	Claimant	MJC	Indemnity	Medical	Legal
001	STERLING ARMSTEAD	007			
002	CES ENVIRONMENTAL SERVICES	009			

ADDITIONAL CLAIM INFORMATION:

Policy Number : 005062132
Loss Location : 1960 WEST & JONES RD HOUSTON, TX
Description of Loss : BOTH OTHER'S VEHICLE & INSD'S VEHICLE NOT CLAIMING FAULT/IV &
OV BOTH CROSSED LANES TO MEDIAN TO TUR
Insured Driver : TAFILAJ DURIM

RISK ANALYSIS INFORMATION:

Level 1:	
Level 2:	
Level 3:	
Level 4:	
Level 5:	
Level 6:	

Thank you for allowing us to serve you on this claim. Please contact me if you have any questions or comments.

Sincerely,
ELIZABETH WALTER
FAST TRACK REP
251-PC OVERLAND PARK, KS
(913) 338-9298
ELIZABETH.WALTER@AIG.COM
Original

EPAHO043000347



4904 Griggs Road
Houston, TX 77021
Phone: (713) 676-1460
Fax: (713) 676-1676

Fax

To: CHAD

From: Prabhakar R. Thangudu
Mobile: (281) 433-9792

Fax: 713-966-1700

Pages:

Phone:

Date:

Chad:

Please give me a call if you
have any questions on Durim's
accident.

Thanks,
Prabhakar

Fox
713-966-1700

Coventry Health Care Secure Email

Coventry Health Care Secure Email Message View

Signed in as gbowman@cesenvironmental.com

Received: Apr 14, 2008 10:51:42 MDT
Expires: Jun 13, 2008 10:51:42 MDT
From: support-reportintake@firsthealth.com
To: gbowman@cesenvironmental.com,
gbowman@cesenvironmental.com gbowmancesenvironmental.com
Cc:
Subject: Reference #1786887, CES ENVIRONMENTAL SERVICES INC, BURIM
TAFLIAJ froizix
Attachments: E1786887-2338596.pdf

The First Report of Injury/Illness/Exposure referenced below is attached

Employer Location: CES ENVIRONMENTAL SERVICES INC
Reporting Person: JUDY PAVELECKY
Phone #: (877) 818-0139
Reporting Date: 2008-04-14
Owner: CES ENVIRONMENTAL SERVICES INC
Insured Driver: BURIM TAFLIAJ
Line of Business: ATLB
State of Jurisdiction: TX
Date of Loss: 2008-04-09
Notice Type: LOSS

Email Confidentiality Notice: The information contained in this transmission is confidential, proprietary or privileged and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act (HIPAA).

The message is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, distribution or copying of the message is strictly prohibited and may subject you to criminal or civil penalties. If you received this transmission in error, please contact the sender immediately by replying to this email and delete the material from any computer.

This message was secured by ZixCorp(R).

Coventry Health Care Secure Email

Secured by ZixCorp

AUTOMOBILE LOSS NOTICE

Agent Name and Address FEIN		Phone #	Reference # 1786887	Location # NONE	
			Policy # 005062132		
			Effective Date 01/25/2008	Expiration Date 01/25/2009	
Insured Name and Address CES ENVIRONMENTAL SERVICES INC 4904 GRIGGS RD HOUSTON, TX 77021-3208		Phone # (713) 419-6076 FEIN	Carrier Name and Address COMMERCE AND INDUSTRY 70 PINE ST NEW YORK, NY 10270		Phone # FEIN 13-1938623
Loss Information			Description of Accident INS VEH WAS PULLING OUT OF DRIVEWAY/VEH 1 WAS PULLING OUT OF DRIVEWAY/INS VEH AND VEH 1 COLLIDED		
Date/Time of Accident 04/09/2008 09:45 PM		Previously Reported? NO			
Location of Accident State TX County ALL FM 1960 AND WINDFERN HOUSTON, TX					
Insured Contact Name and Address GREG BOWMAN 4904 GRIGGS RD HOUSTON, TX 77021-3208		Phone # Employer Notified 04/09/2008	Authorities Contacted? NO Violations/Citations Report #		
Additional Policy Information (for adjuster's use only)					
Bodily Injury Limits Per Person Per Accident		Property Damage	Single Limit	Medical Payment	OTC Deductible
Insured Vehicle Information				V.I.N. UNKNOWN	
Make NISSAN	Model FRONTIER	Body Type PICKUP	Year 2003	Tag# (b) (6)	State TX Permission?
Owner's Name and Address CES ENVIRONMENTAL SERVICES INC 4904 GRIGGS RD HOUSTON, TX 77021-3208		Phone # (713) 419-6076	Estimate Amount	Purpose of Use COMMERCIAL	
			Describe Damage FRONT AND LT FRONT		
			Other Insurance NONE		
Driver's Name and Address BURIM TAFLIAJ (b) (6) HOUSTON, TX 77069		Phone # (b) (6) SSN	Relation to Insured UNKNOWN	Date of Birth (b) (6)	License # ST: TX
			Where can Damage be seen CONTACT INSURED		
			When can Damage be seen CONTACT INSURED		
Other Property Damage Information					
Owner Name and Address (b) (6)		Phone #	Extent of Damage FRONT AND LT FRONT		Estimate of Damage
			Insurance AUTO		Policy # UNK
			Company/Agent Name PROGRESSIVE		
Describe Property 2003/FORD/RANGER/UNK			Where can Damage be seen CONTACT CLAIMANT		License # UNKNOWN
Driver's Name and Address (b) (6)			Phone #		
Injured Information					
Name and Address		Phone #	Name and Address		Phone #
		Age			Age
		Location			Location
Extent of Injury			Extent of Injury		
Witness Information					
Name		Address		City	St Zip Phone
Name		Address		City	St Zip Phone
Additional Comments					
Date Reported 04/14/2008		Reported Via - CALL JUDY PAVELECKY (877) 818-0139		Title SUBROGATION Signature of Agent or Insured	

CLIENT ADDITIONAL INFORMATION**Ref #: 1786887**

Division Code: NONE	Description:
Location Code: NONE	Description:
Department Code: NONE	Description:
Section Code: NONE	Description:
Floor Code:	Description:
Mail Stop Code:	Description:

Do the circumstances of this incident potentially involve the release or spillage of hazardous materials?: UNKNOWN

Insured Fax #:
Address: 4904 GRIGGS RD
City: HOUSTON St: TX Zip: 770213208
Insured Contact Name: UNKNOWN
Work Phone #:
Ext #:
Cell Phone #:
Email Address:
What is the best time and method of contact: UNKNOWN

Additional comments: CALLER PROVIDED CLAIMANTS CLAIM NUMBER 083112918

Branch Code: 684

EPAHO043000351

~~Joe~~ ~~with~~ Wilson, FAA
4-17-08



U.S. Department
of Transportation
**Federal Aviation
Administration**

Federal Aviation Administration
Southwest Region

2601 Meacham Blvd.
Fort Worth, Texas 76137-4298

June 27, 2008

CERTIFIED MAIL – 7004 2510 0005 5868 5354

Mr. Karl A. Guidry
HSE Manager
CES Environmental Services, Inc.
4904 Griggs Road
Houston, Texas 77021

Dear Mr. Guidry:

EIR: 2008SW700169

→ Tina Reynolds

This letter is to inform you that the Federal Aviation Administration (FAA) is investigating alleged violations of the Hazardous Material Regulations (HMR) codified in Title 49 Code of Federal Regulations (CFR) Parts 100 through 185 and/or the International Civil Aviation Organization (ICAO) Technical Instructions for the Safe Transport of Dangerous Goods by Air by your organization. On or about April 17, 2008, CES Environmental Services, Inc., Waco, Texas, offered two shipments containing hazardous materials, specifically a product classified as Flammable Liquid, N.O.S., 3, UN1993, PGII, to DHL Worldwide Express (Airbill Numbers 37990076143 and 37990076246) for air transportation in commerce from Waco, Texas to Houston, Texas. The technical name of the products was not provided on the hazardous materials shipping papers as required.

On June 26, 2008, it was discovered that CES Environmental Services, Inc., Waco, Texas, failed to include a description, copy or the location of the training materials utilized, and the name and the address of the individual providing the training. Additionally, the record of training provided to this office failed to include a certification indicating that the employee has been trained and tested as required. Hazardous material shipments must meet specific requirements for transportation in commerce, as required by the HMR. Non-compliance is considered a violation of the regulations. Under the provisions of Title 49, United States Code 5123(a)(1), persons (as defined in Title 49 CFR 171.8) in violation of the HMR are subject to a civil penalty of up to \$50,000 for each violation, and in some instances criminal penalties.

The FAA would like to provide your organization an opportunity to furnish any information concerning mitigating or extenuating circumstances surrounding these alleged violations. As we would like to resolve this matter promptly, your reply will be needed within ten (10) working days from the receipt of this letter. If we do not hear

EPAHO043000353

from you within the specified time, our report will be processed without the benefit of your response. Please address any correspondence directly to Special Agent Paul Klimas, P.O. Box 0802, Burleson, TX 76097. If additional information is required regarding this matter, please contact Agent Klimas at (817) 538-0453.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Buchanan", with a horizontal line extending from the end.

Bryan E. Buchanan
Manager, Hazardous Materials Section

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. Dept of Transportation
Federal Aviation Administration
P.O. Box 0802
Burleson, TX 76097

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☒ Agent☐ Addressee

B. Received by (Printed Name)

P. Kimes

C. Date of Delivery

7-10-08

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from ser

7005 3110 0003 0492 7073

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

CES ENVIRONMENTAL SVCS, INC.
4904 GRIGGS RD.
HOUSTON, TX 77021
Attn: Karl Guidry

FAA RESPONSE



EPAHO043000356

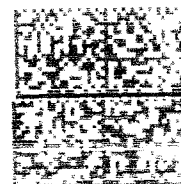
U.S. Department
of Transportation

**Federal Aviation
Administration**

CERTIFIED MAIL™



7004 2510 0005 5868 5354



Hasler

010420512047

\$05.730

06-21-2005

US POSTAGE

Official Business
Penalty for Private Use \$300

Mr. Karl A. Guidry
HSE Manager
CES Environmental Services, Inc.
4904 Griggs Road
Houston, Texas 77021

FAA Form 1360-3 (4/94) (NSN 0052-00-882-3000)

EPAHQ043000357

accident

(b) (6)

4-22-08



CLAIM # 99J0000528321
Carrier # _____

SUPPLEMENTAL REPORT OF INJURY

Part I EMPLOYER INFORMATION

1. Employer business name <u>CES Environmental Services, INC</u>	2. Employer phone # <u>713-676-1460</u>
3. Employer mailing address <u>4904 Griggs Rd Houston, TX 77021</u>	
4. Insurance carrier name <u>TEXAS Mutual</u>	
5. Does the employer have return to work (RTW) opportunities available based on the injured worker's current capabilities? yes <input checked="" type="checkbox"/> no <input type="checkbox"/> If so, identify contact person and phone # _____	
6. Has the insurance carrier provided RTW coordination services within the past 12 months? yes <input type="checkbox"/> Date _____ no <input type="checkbox"/>	
7. Has the employer requested RTW training from DWC or the insurance carrier? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	
8. Has the insurance carrier provided accident prevention services in the past 12 months? yes <input type="checkbox"/> Date _____ no <input checked="" type="checkbox"/>	
9. Has the employer requested accident prevention services from the insurance carrier? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	

Part II REASON FOR FILING THIS REPORT (deadlines vary, see instructions)

10. <input checked="" type="checkbox"/> a. The injured worker returned to work in either a full or limited capacity: File this report within 3 days.
<input type="checkbox"/> b. The injured worker is earning more or less than the pre-injury wage because of the injury: File within 10 days.
<input type="checkbox"/> c. The injured worker returned, then later had additional lost time or reduced wages as a result of the injury: File within 3 days.
<input type="checkbox"/> d. The injured worker resigned or was terminated from employment: File within 10 days.

Part III INJURED WORKER INFORMATION

11. (b) (6)	12. SSN (last 4 digits) XXX-XX- (b) (6)	13. DOI <u>4-23-08</u>
14. Injured worker mailing address and phone # (b) (6)		
15. First day of lost time or reduced wages for this injury (mm/dd/yyyy) <u>4-23-08</u>	16. First day of additional lost time or reduced wages (mm/dd/yyyy) <u>NONE</u>	
17. Has the injured worker experienced 8 days (cumulative) of lost time or reduced wages as a result of the injury? yes <input type="checkbox"/> no <input checked="" type="checkbox"/> If yes, the date of the 8 th day (mm/dd/yyyy) _____		
18. Date of most recent RTW <u>4-24-08</u> <input checked="" type="checkbox"/> Full duty, full pay <input type="checkbox"/> Limited duty, full pay <input type="checkbox"/> Limited duty, reduced pay	19. Has the injured worker resigned, been terminated or died? yes <input type="checkbox"/> no <input checked="" type="checkbox"/> date of resignation _____ date of termination _____ date of death _____ 19a. Reason for resignation/termination _____ 19b. Was the injured worker on limited duty when terminated? yes <input type="checkbox"/> no <input type="checkbox"/>	
20. Hours the injured worker was working during the pay period of <u>7:00am</u> to <u>5:00pm</u> : <u>50</u> hours per week	21. Weekly/hourly earnings for the pay period of _____ to _____ : \$ _____ weekly or \$ _____	
Indicated hours are: <input type="checkbox"/> Increase from pre-injury <input checked="" type="checkbox"/> Same as pre-injury <input type="checkbox"/> Decrease from pre-injury	Indicated wages are: <input type="checkbox"/> Increase from pre-injury wage <input checked="" type="checkbox"/> Same a pre-injury wage <input type="checkbox"/> Decrease from pre-injury wage	

This form to be filed with: The employer's insurance carrier and the injured worker in the timeframe as noted in Part II.

22. To the best of my knowledge the information provided in this report is accurate and may be relied upon for evaluation of eligibility for benefits.

Submitted by: ☒ Employer ☐ Injured Worker (If no longer working for the employer where injury occurred.)

Kurt A. Hily HSE Manager
Signature and Title of person completing this form

5-30-08
Date



CES RENTED BOX:☐ YES ☐ NO**CUSTOMER RENTED BOX:**☐ YES ☐ NO**AMOUNT OF HOSE NEEDED:**

60ft

DRUM DOLLY NEEDED:☐ YES ☐ NO**SIZE:**

2 or 3"

PALLET JACK NEEDED:☐ YES ☐ NO**LOADING FROM (i.e. Tank):**

Tank

CAN CUSTOMER LOAD WITH FORKLIFT☐ YES ☐ NO**SIZE OF FITTING:**

3"

TYPE OF FITTING:

Cam Lock

Note: Pallets are only good if they drive the forklift into the trailer. Otherwise, it is a huge and painful experience for the driver. If pallets are used, then the drums must be shrink wrapped.

FIELD SERVICE WORK**HELPER REQUIRED:**☐ YES ☐ NO**IF YES, HOW MANY?****EQUIPMENT NEEDED:**

Saturday, April 26, 2008

Page 2 of 2

EPAHO043000360

(b) (6)

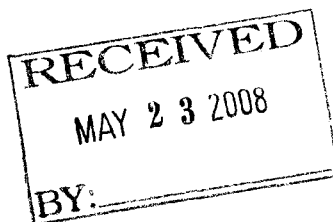
Statement ~~for~~ from

To whom it may concern

I creight light at Lubizal and was coming around and saw that I hit a fence But I was 6 inches from curb, to one fence was already damaged I caught fence with Trailer on right side. No damage to Trailer did not ~~hit~~ hit with tires pipe stuck in under Tube hose Bracket. I thought pipe was sticking out but I did not see it ~~to far~~ in pipe was too far in fence for fence not to have not been damaged before I hit it

(b) (6)

May 22, 2008



C E S ENVIRONMENTAL SERVICES I

4904 GRIGGS RD
HOUSTON, TX 770213208

Re: Claim #: 99J0000528321
Employee: (b) (6)
Soc. Sec.: (b) (6)
Employer: C E S ENVIRONMENTAL SERVICES I
Date of Injury: 04/22/2008
DWC #:

In accordance with the Division of Workers' Compensation Rules, we are requesting that you submit the information indicated below. The DWC3 and DWC6 forms are available for printing from our website, www.texasmutual.com, under services, or from the division's website, www.tdi.state.tx.us. For your convenience, a DWC3 is now available for you to complete and submit on-line. It is located on our website, www.texasmutual.com under the Employers - Loss Run & Claims Detail Section. If you need assistance with filing the DWC3 on-line please contact me. If you do not have access to the Internet, we will be happy to send you a blank form.

☐ **DWC3 EMPLOYER'S WAGE STATEMENT (Rule 128.2) - Please fax or email attachment or use the on-line version (www.texasmutual.com).**

OR

☐ **DWC3SD EMPLOYER'S WAGE STATEMENT FOR SCHOOL DISTRICTS (Rule 128.7)**

☒ **DWC6 EMPLOYER'S SUPPLEMENTAL REPORT OF INJURY OR ILLNESS (Rule 120.3) - Please fax or email attachment. The following time frames apply.**

Within 10 days after:

- The end of each pay period in which the employee's earnings have changed as a result of the injury, OR
- The employee returns to work, or the employee, after returning to work experiences an additional day(s) of disability as a result of the injury.

Within 3 days after:

- The employee begins to lose time from work as a result of the injury, OR
- The employee returns to work, or the employee, after returning to work experiences an additional days(s) of disability as a result of the injury

AND

☐ **EMPLOYEE ACKNOWLEDGEMENT OF WORKERS' COMPENSATION NETWORK FORM (This form(s) shall be completed, signed and submitted). Please fax or send attachment via email as soon as possible.**

☐ **COPY OF THE POST-ACCIDENT DRUG SCREEN RESULTS**

Failure to provide the required information is an administrative violation and may result in the assessment of a penalty from the Division of Workers' Compensation.

Thank you for your prompt attention to this matter. If you have any questions, please call me at 1-800-859-5995 ext. 2107.

Sincerely,

Latonica N Ray/MC

Latonica N Ray
MEDICAL WORKERS' COMP SPEC

EPAHO043000362



4904 Griggs Road
Houston, TX 77021
Phone: (713) 676-1460
Fax: (713) 676-1676

Fax

To: Alicia

From: Karl Guidry

Mobile: (832) 287-0862

Fax: 1-901-762-6387

Pages: 8 Pages to follow

Attn:

Date: May 5, 2008

See attached documentation regarding our employee (b) (6).

Karl Guidry
CES Environmental Services, Inc.
HSE Manager
4904 Griggs Rd
Houston, Texas 777021

713-676-1460 Ext 115
713-676-1676 Fax
kguidry@cesenvironmental.com

EPAHO043000363

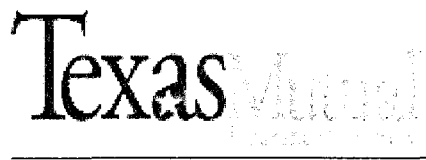
***** -IND. XMT JOURNAL- ***** DATE MAY-05-2008 ***** TIME 15:36 *****

DATE/TIME = MAY-05-2008 15:33
JOURNAL No. = 117
COMM. RESULT = OK
PAGE(S) = 009
DURATION = 00:01:51
FILE No. = 072
MODE = MEMORY TRANSMISSION
DESTINATION = 19017626387
RECEIVED ID = / 9017626385
RESOLUTION = STD

-CES Environmental Service-

***** DP-3010 ***** -

- ***** - 713 676 1676- *****



04/28/2008

C E S ENVIRONMENTAL SERVICES I
4904 GRIGGS RD
HOUSTON TX 77021-3208

Notification Confirming Receipt of Claim

Date of Injury: 04/22/2008
Injured Worker: (b) (6)
Claim Number: (b) (6)
Policy Number: 0001086044

Attached is a copy of the information another party reported to Texas Mutual Insurance Company which was used to establish this claim. You may submit additional claim information to Texas Mutual Insurance Company. If you have questions regarding this report of injury please contact us at (800) 859-5995.

If your policy includes our workers' compensation health care network option you are required by law to obtain a second Employee Acknowledgement of Workers' Compensation Network Form signed by the injured worker. Please submit a copy of the signed, second acknowledgement form to Texas Mutual Insurance Company. You can find a copy of the form online at www.texasmutual.com/hcn/hcn.shtm

Below please find information that will help you through the claim process:

To submit additional claim information:

Mail to: P. O. Box 12029
Austin, Texas 78711-2029
Fax to: (512) 224-3889

To locate a treating doctor:

www.texasmutual.com/workers/iwADL.shtm

To contact the handling adjuster:

Call: (800) 859-5995
Monday - Friday; 8:00 a.m. - 5:30 p.m.

To obtain a copy of the Employer and Employee Rights and Responsibilities in the Workers' Compensation System:

www.texasmutual.com/employers/erRights.shtm

To locate a pharmacy, or for pharmacy questions, contact Scripnet:

Call: (888) 880-8562
www.scripnet.com

To obtain a copy of the Employer and Employee Rights and Responsibilities for the workers' comp health care network:

www.texasmutual.com/hcn/hcn.shtm

Additional Texas Mutual® online services at www.texasmutual.com, available 6 a.m. - 9 p.m., include:

- o Obtain logon id, or for immediate logon id, call (800) 859-5995, M-F, 8:00 a.m. - 5:30 p.m.
- o Submit first report of injury in the Employers section
- o Submit wage statement when reviewing loss runs and claim details
- o Obtain specific claim summary information



Claim Number: 99J0000528321

Notification Date: 04/24/2008

EMPLOYER'S FIRST REPORT OF INJURY

<u>INJURED EMPLOYEE</u>	<u>BUSINESS/EMPLOYER</u>
Name: (b) (6)	Name: C E S ENVIRONMENTAL SERVICES I
SSN: XXX-XX (b) (6)	Address:
Mailing Address:	4904 GRIGGS RD HOUSTON TX 77021-3208
County:	Phone: (713)676-1460 Ext: Fax: (713)676-1676
Physical Address:	Policy Number: 0001086044
County:	FEIN: 760592985
Home Phone:	Location ID:
Date of Birth: 00/00/0000	EMPLOYMENT
Marital Status: Unknown	Occupation:
Gender: Male Dependents: 00	Hire Date: 00/00/0000 State:
Language: English	Partner/Officer/Owner:
	Date Lost Time Began: 00/00/0000
	Return to Work Date: 04/24/2008
	Last Paycheck was:
	Wage:
	Frequency:
	Hours/Week: Days/Week:
	Period Start: 00/00/0000 Period End: 00/00/0000
	Supervisor
	Name:
	Phone: Ext:
	PREPARER OF REPORT
	Name:
	Phone: Ext: Fax:
	Email:
MEDICAL PROVIDER	
Name: RASHID KHAN MD	
Tax ID:	
Address: 10909 EAST FRWY HOUSTON TX 77029	
Phone: (713)973-7943 Ext: Fax: (713)973-7947	
ATTORNEY	
Represented by Attorney:	
Name:	
Phone:	
INJURY INFORMATION	
Date of Injury: 04/22/2008 Time: 00:00	Address Where Injury Occurred:
Date Reported: 00/00/0000	
Nature of Injury: FOREIGN BODY	
Cause of Injury: MISC. CAUSES-FOREIGN MATTER(BODY) IN EYE(S)	County:
Part of Body: EYE(S)	Witnesses:
Fatality: No	Name: Phone:
	Name: Phone:
	Name: Phone:

How and Why the Injury/Illness Occurred

CONJUNCTIVITIS; RT/LT EYES. PER DWC-73, PATIENT STATES, "I OPENED A VALVE AND SOME SUFURIC ACID WENT INTO BOTH MY EYES." CLAIM CREATED FROM DWC-73.

EPAHO043000366

Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Workers' Compensation Commission and may be entitled to certain medical and income benefits. For further information call your local Commission field office or 1(800)-252-7031.



Trabajador - Es necesario que usted reporte su lesión a su empleador dentro de 30 días a partir del día en que se lesionó, si su empleador tiene seguro de compensación para trabajadores. La Comisión Tejana de Compensación para Trabajadores le ofrece asistencia gratuita, también puede que usted tenga derecho a ciertos beneficios médicos y monetarios. Para mayor información llame a la oficina local de la Comisión 1-800-252-7031.

TEXAS WORKERS' COMPENSATION WORK STATUS REPORT

PART I: GENERAL INFORMATION			5. Doctor's Name and Degree Rashid Khan, MD	(for transmission purposes only)	Date Being Sent
1. Injured Employee's Name (b) (6)	6. Clinic/Facility Name CMC - Houston I-10 East		9. Employer's Name CES Environmental		
2. Date of Injury 04/22/2008	3. Social Security Number (b) (6)	7. Clinic/Facility/Doctor Phone & Fax (713)973-7943 (713)973-7947		10. Employer's Fax # or Email Address (if known) (713)876-1676	
4. Employee's Description of Injury/Accident Patient states: "I opened a valve and some sulfuric acid went into both my eyes."		8. Clinic/Facility/Doctor Address (street address) 10908 East Frwy City: Houston State: TX Zip: 77029		11. Insurance Carrier Texas Mutual Insurance Company	
				12. Carrier's Fax # or Email Address (if known) (512)322-3889	

PART II: WORK STATUS INFORMATION (FULLY COMPLETE ONE INCLUDING ESTIMATED DATES AND DESCRIPTION IN 13(c) AS APPLICABLE)

13. The injured employee's medical condition resulting from the workers' compensation injury:
- ☒ (a) will allow the employee to return to work as of 04/24/2008 (date) without restrictions.
- ☐ (b) will allow the employee to return to work as of _____ (date) with the restrictions identified in PART III, which are expected to last through _____ (date).
- ☐ (c) has prevented and still prevents the employee from returning to work as of _____ (date) and is expected to continue through _____ (date). The following describes how this injury prevents the employee from returning to work:

PART III: ACTIVITY RESTRICTIONS (REQUIRED IF BOX 13(b) IS CHECKED)

14. POSTURE RESTRICTIONS (if any): Max Hours per day: 0 2 4 6 8 Other Standing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Kneeling/Squatting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bending/Stooping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pushing/Pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	17. MOTION RESTRICTIONS (if any): Max Hours per day: 0 2 4 6 8 Other Walking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Climbing stairs/ladders <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Grasping/Squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Overhead Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	19. MISC. RESTRICTIONS (if any): <input type="checkbox"/> Max hours per day of work: _____ <input type="checkbox"/> Sit/Stretch breaks of _____ per _____ <input type="checkbox"/> Must wear splint/cast at work <input type="checkbox"/> Must use crutches at all times <input type="checkbox"/> No driving/operating heavy equipment <input type="checkbox"/> Can only drive automatic transmission <input type="checkbox"/> No work/ <input type="checkbox"/> _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding <input type="checkbox"/> Must keep _____ <input type="checkbox"/> Elevated <input type="checkbox"/> Clean & Dry <input type="checkbox"/> No skin contact with: _____ <input type="checkbox"/> Dressing changes necessary at work <input type="checkbox"/> No running
15. RESTRICTIONS SPECIFIC TO (if applicable): <input type="checkbox"/> L Hand/Wrist <input type="checkbox"/> R Hand/Wrist <input type="checkbox"/> L Arm <input type="checkbox"/> R Arm <input type="checkbox"/> Neck <input type="checkbox"/> L Leg <input type="checkbox"/> R Leg <input type="checkbox"/> Back <input type="checkbox"/> L Foot/Ankle <input type="checkbox"/> R Foot/Ankle <input type="checkbox"/> Other: _____		18. LIFT/CARRY RESTRICTIONS (if any): <input type="checkbox"/> May not lift/carry objects more than _____ lbs for more than _____ hours per day <input type="checkbox"/> May not perform any lifting/carrying <input type="checkbox"/> Other: _____
16. OTHER RESTRICTIONS (if any): _____ _____ _____		20. MEDICATION RESTRICTIONS (if any): <input type="checkbox"/> Must take prescription medication(s) <input type="checkbox"/> Advised to take over-the-counter meds <input type="checkbox"/> Medication may make drowsy (possible safety/driving issues)

*These restrictions are based on the doctor's best understanding of the employee's essential job functions. If a particular restriction does not apply, it should be disregarded. If modified duty that meets these restrictions is not available, the patient should be considered to be off work. Note - these restrictions should be followed outside of work as well as at work.

PART IV: TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION

21. Work Injury Diagnosis Information: 372.03 Conjunctivitis 372.06 Chemical conjunctivitis	22. Expected Follow-up Services Include: <input checked="" type="checkbox"/> Evaluation by the treating doctor on <u>04/25/2008</u> (date) at <u>10:00</u> am/pm <input type="checkbox"/> Referral to/Consult with _____ on _____ (date) at _____ am/pm <input type="checkbox"/> Physical medicine <u>X</u> per week for _____ weeks starting on _____ (date) at _____ am/pm <input type="checkbox"/> Special studies (list): _____ on _____ (date) at _____ am/pm <input type="checkbox"/> None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated
Date / Time of Visit 04/24/2008 11:27 am Discharge Time 04/24/2008 01:07 pm	EMPLOYEE'S SIGNATURE DOCTOR'S SIGNATURE Visit Type: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow-up Role of Doctor: <input type="checkbox"/> Designated doctor <input type="checkbox"/> Carrier-selected RME <input type="checkbox"/> DWC-selected RME <input checked="" type="checkbox"/> Treating doctor <input type="checkbox"/> Referral doctor <input type="checkbox"/> Consulting doctor <input type="checkbox"/> Other doctor



Claim Number:

Concentra Medical Centers

10909 East Frwy Houston, TX 77029
Phone: (713) 973-7943 Fax: (713) 973-7947

Service Date: 04/24/2008

Case Date: 04/22/2008

Physician Activity Status Report

Patient: (b) (6)

SSN: (b) (6)

Address: (b) (6)

Home:

Work: (832) 647-7412 Ext.:

Employer Location: CES Environmental

Address: 4904 Griggs Rd

HOUSTON, TX 77021

Auth. by: Yes

Contact: Prabhakar Thangudu

Role: DER/Primary

Phone: (713) 676-1460 Ext.:

Fax: (713) 676-1676

This Visit: Time In: 11:27 am

Time Out: 01:07 pm

Recordable: N/A

Visit Type: New

Treating Provider: Rashid Khan, MD

Diagnosis: 372.03 Conjunctivitis

372.05 Chemical conjunctivitis

Medications:

☐ Dispensed Prescription Medication to Patient

☐ Dispensed Over-The-Counter Prescription

☒ Written Prescription given to Patient

Patient Status:

Regular Activity - Returning for follow-up visit

Return to regular duty on 04/24/2008

Remarks: Must wear eye protection

Employer Notice: The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Anticipated Date of Maximum Medical Improvement: 05/08/2008 **Actual Date of Maximum Medical Improvement:**

Next Visit(s):

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date: Friday April 25, 2008 10:15 am

Provider/Facility: John M. Sanchez, MD



Date of Service: 04/24/2008

Date of Injury: 04/22/2008

Attn: Prabhakar Thangudu
CES Environmental
4904 Griggs Rd
HOUSTON, TX 77021

Dear Prabhakar Thangudu :

Your employee (b) (6) received treatment for a new work related injury at our CMC - Houston I-10 East clinic on 04/24/2008.

The billings for this injury care will be sent to Texas Mutual Insurance Company . Please help us provide the best care to your injured employee by filing the Employer's First Report of Injury with your carrier, if not already filed. This will ensure timely reporting and management of this workers' compensation claim.

If you have any questions or the above information is incorrect, please call our office or fax any changes to the attention of the Billing Department.

Sincerely,

CMC - Houston I-10 East
Central Business Office
800-733-7098
972-458-7678

EPAHO043000370

Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Workers' Compensation Commission and may be entitled to certain medical and income benefits. For further information call your local Commission field office or 1(800)-252-7031.



Trabajador - Es necesario que usted reporte su lesión a su empleador dentro de 30 días a partir del día en que se lesionó, si su empleador tiene seguro de compensación para trabajadores. La Comisión Tejana de Compensación para Trabajadores le ofrece asistencia gratuita, también puede que usted tenga derecho a ciertos beneficios médicos y monetarios. Para mayor información llame a la oficina local de la Comisión 1-800-252-7031.

TEXAS WORKERS' COMPENSATION WORK STATUS REPORT

PART I: GENERAL INFORMATION			5. Doctor's Name and Degree Rashid Khan, MD		(for transmission purposes only)	Date Being Sent 04/24/2008
1. Injured Employee's Name (b) [REDACTED]			6. Clinic/Facility Name CMC - Houston I-10 East		9. Employer's Name CES Environmental	
2. Date of Injury 04/22/2008	3. Social Security Number (b) (6)		7. Clinic/Facility/Doctor Phone & Fax (713)973-7943 (713)973-7947		10. Employer's Fax # or Email Address (if known) (713)676-1676	
4. Employee's Description of Injury/Accident Patient states: "I opened a valve and some sulfuric acid went into both my eyes."			8. Clinic/Facility/Doctor Address (street address) 10909 East Frwy City: Houston State: TX Zip: 77029		11. Insurance Carrier Texas Mutual Insurance Company	
					12. Carrier's Fax # or Email Address (if known) (512)322-3889	

PART II: WORK STATUS INFORMATION (FULLY COMPLETE ONE INCLUDING ESTIMATED DATES AND DESCRIPTION IN 13(c) AS APPLICABLE)

13. The injured employee's medical condition resulting from the workers' compensation injury:
- ☒ (a) will allow the employee to return to work as of 04/24/2008 (date) without restrictions.
- ☐ (b) will allow the employee to return to work as of _____ (date) with the restrictions identified in PART III, which are expected to last through _____ (date).
- ☐ (c) has prevented and still prevents the employee from returning to work as of _____ (date) and is expected to continue through _____ (date). The following describes how this injury prevents the employee from returning to work:

PART III: ACTIVITY RESTRICTIONS* (REQUIRED IF BOX 13(b) IS CHECKED)

14. POSTURE RESTRICTIONS (if any): Max Hours per day: 0 2 4 6 8 Other Standing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Kneeling/Squatting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bending/Stooping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pushing/Pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		17. MOTION RESTRICTIONS (if any): Max Hours per day: 0 2 4 6 8 Other Walking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Climbing stairs/ladders <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Grasping/Squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Overhead Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		19. MISC. RESTRICTIONS (if any): <input type="checkbox"/> Max hours per day of work: _____ <input type="checkbox"/> Sit/Stretch breaks of _____ per _____ <input type="checkbox"/> Must wear splint/cast at work <input type="checkbox"/> Must use crutches at all times <input type="checkbox"/> No driving/operating heavy equipment <input type="checkbox"/> Can only drive automatic transmission <input type="checkbox"/> No work/ <input type="checkbox"/> _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding <input type="checkbox"/> Must keep _____ <input type="checkbox"/> Elevated <input type="checkbox"/> Clean & Dry <input type="checkbox"/> No skin contact with: _____ <input type="checkbox"/> Dressing changes necessary at work <input type="checkbox"/> No running	
15. RESTRICTIONS SPECIFIC TO (if applicable): <input type="checkbox"/> L Hand/Wrist <input type="checkbox"/> R Hand/Wrist <input type="checkbox"/> L Arm <input type="checkbox"/> R Arm <input type="checkbox"/> Neck <input type="checkbox"/> L Leg <input type="checkbox"/> R Leg <input type="checkbox"/> Back <input type="checkbox"/> L Foot/Ankle <input type="checkbox"/> R Foot/Ankle <input type="checkbox"/> Other: _____		18. LIFT/CARRY RESTRICTIONS (if any): <input type="checkbox"/> May not lift/carry objects more than _____ lbs for more than _____ hours per day <input type="checkbox"/> May not perform any lifting/carrying <input type="checkbox"/> Other: _____			
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*These restrictions are based on the doctor's best understanding of the employee's essential job functions. If a particular restriction does not apply, it should be disregarded. If modified duty that meets these restrictions is not available, the patient should be considered to be off work. Note - these restrictions should be followed outside of work as well as at work.

PART IV: TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION

21. Work Injury Diagnosis Information: 372.03 Conjunctivitis 372.05 Chemical conjunctivitis		22. Expected Follow-up Services Include: <input checked="" type="checkbox"/> Evaluation by the treating doctor on 04/25/2008 (date) at 10:00 am am/pm <input type="checkbox"/> Referral to/Consult with _____ on _____ (date) at _____ am/pm <input type="checkbox"/> Physical medicine _____ X per week for _____ weeks starting on _____ (date) at _____ am/pm <input type="checkbox"/> Special studies (list): _____ on _____ (date) at _____ am/pm <input type="checkbox"/> None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated			
Date / Time of Visit 04/24/2008 11:27 am	EMPLOYEE'S SIGNATURE	DOCTOR'S SIGNATURE	Visit Type: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow-up	Role of Doctor: <input type="checkbox"/> Designated doctor <input type="checkbox"/> Carrier-selected RME <input type="checkbox"/> DWC-selected RME	<input checked="" type="checkbox"/> Treating doctor <input type="checkbox"/> Referral doctor <input type="checkbox"/> Consulting doctor <input type="checkbox"/> Other doctor
Discharge Time 04/24/2008 01:07 pm					



***** -IND. XMT JOURNAL- ***** DATE APR-30-2008 ***** TIME 14:44 *****

DATE/TIME = APR-30-2008 14:42
JOURNAL No. = 031
COMM. RESULT = OK
PAGE(S) = 007
DURATION = 00:02:00
FILE No. = 985
MODE = MEMORY TRANSMISSION
DESTINATION = 15122243889
RECEIVED ID =
RESOLUTION = STD

-CES Environmental Service-

***** DP-3010 ***** -

- ***** - 713 676 1676- *****



4904 Griggs Road
Houston, TX 77021
Phone: (713) 676-1460
Fax: (713) 676-1676

Fax

To: Texas Mutual

From: Karl Guidry

Mobile: (832) 287-0862

Fax: 1-512-224-3889

Pages: 6 Pages to follow

Attn: Workers Comp

Date: April 30, 2008

See attached documentation regarding our employee (b) (6)

Karl Guidry
CES Environmental Services, Inc.
HSE Manager
4904 Griggs Rd
Houston, Texas 777021

713-676-1460 Ext 115
713-676-1676 Fax
kguidry@cesenvironmental.com

EPAHO043000373

fixed to
Tx Mutual
on
5-30-08
memory #146

Employee Acknowledgment of Workers' Compensation Network

I have received information that tells me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this information, I understand that:

1. I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual at (800) 859-5995, extension 2880 to notify them of my choice.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.
5. Making a false or fraudulent workers' compensation claim is a crime that may result in

(b) (6)

Date 1-10-08
Printed Name

I live at:

(b) (6)

City State Zip Code

Name of Employer: GES Environmental Services, Inc

Name of Network: Texas Star Network_{SM}

Network service areas are subject to change.

Call (800) 381-8067 if you need a network treating provider.

Please indicate whether this is the:

☒ Initial Employee Notification

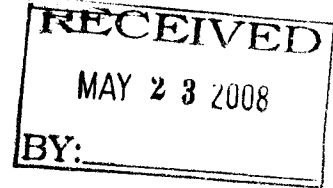
☒ Injury Notification (Date of Injury: 4 / 22 / 08)

**DO NOT RETURN THIS FORM TO TEXAS MUTUAL
INSURANCE COMPANY UNLESS REQUESTED**



Claim & Information Services
P.O. Box 12029
Austin, TX 78711-2029
1-800-859-5995 (512) 224-3800
Fax (512) 224-3889

May 22, 2008



C E S ENVIRONMENTAL SERVICES I
4904 GRIGGS RD
HOUSTON, TX 770213208

Re: Claim #: (b) (6)
Employee: (b) (6)
Soc. Sec.: (b) (6)
Employer: C E S ENVIRONMENTAL SERVICES I
Date of Injury: 04/22/2008
DWC#:

Dear C E S ENVIRONMENTAL SERVICES I,

In accordance with the Division of Workers' Compensation Rule 120.2, we are requesting that you file the employer's first report of injury or illness (DWC-1). The first report of injury can easily be submitted using our online reporting system, available thru our website, www.texasmutual.com. Or, you may download a copy of the form from our website and file the information with us by mail, phone, fax or electronic submission. The Division's rules specify that the information be filed not later than the eighth day after: 1) the receipt of notice of an occupational disease or 2) the employee is absent from work for more than one day due to the injury.

A written copy must be provided to the employee along with a summary of the employee's statutory rights and responsibilities. If you use our online reporting, you can print a copy of the report to give to the employee.

Texas Mutual will file this information with the Division of Workers' Compensation.

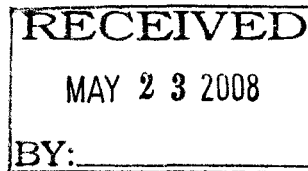
Thank you for your prompt attention to this matter. If you have any questions, please call me at 1-800-859-5995 ext. 2107.

Sincerely,

Latonica N Ray/MC

Latonica N Ray
MEDICAL WORKERS' COMP SPEC

EPAHO043000375



Claim and Insurance Services
P.O. Box 12029
Austin, Texas 78711-2029

NOTIFICATION OF MAXIMUM MEDICAL IMPROVEMENT/FIRST IMPAIRMENT INCOME BENEFIT
PAYMENT

DATE: 05/22/2008

TO: (b) (6)
4904 GRIGGS RD
HOUSTON, TX 77021

RE: Date Of Injury: 04/22/2008
Nature Of Injury: FOREIGN BODY
Part Of Body Injured: MULTIPLE BODY PARTS(INCL.BODY SYSTEMS & BDY PARTS)
Employee SSN: (b) (6)
DWC #: Enter the TWCC Number.
Carrier Name: Texas Mutual Insurance Company
Carrier Claim #: (b) (6)
Name of Employer: C E S ENVIRONMENTAL SERVICES I
4904 GRIGGS RD
HOUSTON, TX 770213208

You have been certified to have reached Maximum Medical Improvement (**MMI**) and had an Impairment Rating (**IR**) assigned. Entitlement to Impairment Income Benefits (**IIBs**) begins the day after the date you were certified as having reached MMI. For each percentage point of the impairment rating, you will receive 3 weeks of benefits. The amount of your IIBs benefit is based on 70% of the reported Average Weekly Wage of \$Average weekly wage prior to injury..

- ☐ **yes** We have received a report from Dr. Doctor name of Employee. (copy attached) certifying that you have reached MMI on and have been assigned a whole body IR of 0%. Based on this report, you are not eligible for additional income payments of any type. You remain entitled to necessary medical benefits related to this injury.
- ☐ **yes** We have received a report from Dr. Doctor name of Employee. (copy attached) certifying that you have reached MMI on and have been assigned a whole body IR of IR Percentage%. Based on this report you will no longer be eligible for IIBs, however, beginning , you will receive IIB Weeks weeks of IIBs at the rate of \$IIB weekly rate per week less any allowable reductions. These benefits will end approximately . You remain entitled to necessary medical benefits related to this injury.
- ☐ **yes** We are disputing the IR of IR Percentage% certified by Dr. Doctor name of Employee. (copy attached) and have made a reasonable assessment of Reasonable Assessment Percentage% impairment. Based on this assessment, we will pay IIBs for IIB Weeks weeks at the rate of \$IIB weekly rate per week pending the resolution of the IR dispute less any allowable reductions. You remain entitled to necessary medical benefits related to this injury.
- ☒ **yes** We have received a report from Dr. RASHID KHAN MD (copy attached) certifying that you have reached MMI and you do not have any permanent impairment as a result of this compensable injury. Based on this report you are not eligible for any income benefits of any type. You remain entitled to necessary medical benefits related to this injury.
- ☐ **yes** Based on a benefit accrual date of Date of eighth day of disability. we have determined you have reached statutory MMI. In the absence of an IR certified by a doctor, we have made a reasonable assessment of IR Percentage% and will pay IIBs for IIB Weeks weeks at the rate of \$IIB weekly rate per week pending the resolution of the IR dispute less any allowable reductions. You remain entitled to necessary medical benefits related to this injury.

If you are expected to be paid benefits for a period of eight weeks or more, you may request that we make benefit payments by electronic funds transfer directly to your bank account. Also, you may request that we change your IIBs to a monthly payment.

Explanatory Comments: No income benefits are due

If you do not agree with this certification of MMI and/or IR you have 90 days from the date you receive this notification of MMI and/or IR to file a dispute with the Texas Department of Insurance, Division of Workers' Compensation by contacting The Division office handling your claim at 1-800-252-7031.

If you are interested in having your payments made directly to your bank account or do not agree with the finding of MMI, IR certified by the doctor, or the amount being paid please contact me:

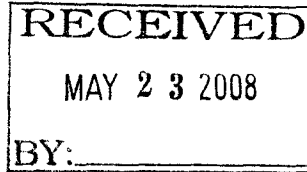
Adjuster's Name:	<u>Latonica Ray</u>
Toll Free Telephone #:	<u>1-800-859-5995 ext. 2107</u>
Fax #/E-mail Address:	<u>1-512-224-3889</u>

If we are unable to resolve the issue to your satisfaction, you may contact the Texas Department of Insurance, Division of Workers' Compensation for further assistance. You have the right to request a Benefit Review Conference. You can contact The Division office handling your claim at 1-800-252-7031.

If you would like to receive notices such as this by facsimile or e-mail, please contact me and provide your facsimile number or e-mail address.

Please note that making a false or fraudulent workers' compensation claim is a crime that may result in fines and/or imprisonment.

Cc: C E S ENVIRONMENTAL SERVICES I



Claim and Insurance Services
P.O. Box 12029
Austin, Texas 78711-2029

NOTIFICATION OF MAXIMUM MEDICAL IMPROVEMENT/FIRST IMPAIRMENT INCOME BENEFIT
PAYMENT

DATE: 05/22/2008

TO: (b) (6)
4904 GRIGGS RD
HOUSTON, TX 77021

RE: Date Of Injury: 04/22/2008
Nature Of Injury: FOREIGN BODY
Part Of Body Injured: MULTIPLE BODY PARTS(INCL.BODY SYSTEMS & BDY PARTS
Employee SSN: (b) (6)
DWC #: Enter the TWCC Number.
Carrier Name: Texas Mutual Insurance Company
Carrier Claim #: (b) (6)
Name of Employer: C E S ENVIRONMENTAL SERVICES I
4904 GRIGGS RD
HOUSTON, TX 770213208

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- ☐ **yes** We have received a report from Dr. Doctor name of Employee. (copy attached) certifying that you have reached MMI on and have been assigned a whole body IR of 0%. Based on this report, you are not eligible for additional income payments of any type. You remain entitled to necessary medical benefits related to this injury.
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Explanatory Comments: No income benefits are due

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If you are interested in having your payments made directly to your bank account or do not agree with the finding of MMI, IR certified by the doctor, or the amount being paid please contact me:

Adjuster's Name:	<u>Latonica Ray</u>
Toll Free Telephone #:	<u>1-800-859-5995 ext. 2107</u>
Fax #/E-mail Address:	<u>1-512-224-3889</u>

If we are unable to resolve the issue to your satisfaction, you may contact the Texas Department of Insurance, Division of Workers' Compensation for further assistance. You have the right to request a Benefit Review Conference. You can contact The Division office handling your claim at 1-800-252-7031.

If you would like to receive notices such as this by facsimile or e-mail, please contact me and provide your facsimile number or e-mail address.

Please note that making a false or fraudulent workers' compensation claim is a crime that may result in fines and/or imprisonment.

Cc: C E S ENVIRONMENTAL SERVICES I

Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation and may be entitled to certain medical and income benefits. For further information call your local Division field office or 1-800-252-7031.



Empleado - Es necesario que usted reporte su lesión a su empleador dentro de 30 días a partir de la fecha en que se lesionó si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte de la División de Compensación para Trabajadores, y también puede tener derecho a ciertos beneficios médicos y monetarios. Para mayor información comuníquese con la oficina local de la División al teléfono 1-800-252-7031.

REPORT OF MEDICAL EVALUATION

PART I: GENERAL INFORMATION			CLAIM#:
4. Injured Employee's Name (Last, First, MI) (b) (6)			9. Certifying Doctor's Name and Licensure Khan, MD, Rashid
1. Workers' Compensation Insurance Carrier Texas Mutual Insurance Company	5. Date of Injury 04/22/2008	8. Social Security Number (b) (6)	10. Certifying Doctor's License Number and Jurisdiction MDK4470 TX
2. Employer's Name CES Environmental	7. Employee's Phone # (b) (6)		11. Certifying Doctor's Phone and Fax #'s (800) 733-7098 (972) 458-7678
3. Employer's Address 4904 Griggs Rd	6. Employee's Address (b) (6)		12. Certifying Doctor's Address PO Box 9005 15810 Midway Rd
City HOUSTON State TX Zip 77021	City HOUSTON State TX Zip 77089		City ADDISON State TX Zip 75001-9005

PART II: DOCTOR'S ROLE AND CERTIFICATION

13. Indicate which role you are serving in the claim in performing this evaluation. Only a doctor serving in one of the following roles is authorized to evaluate MMI/impairment and file this report (Workers' Compensation Rule 130.1 governs such authorization):

☒ Treating Doctor ☐ Doctor Selected by Treating Doctor acting in place of the Treating Doctor ☐ Designated Doctor Selected by the Division

☐ Carrier-Selected RIME Doctor approved by the Division to evaluate MMI and/or permanent impairment after a Designated Doctor examination
NOTE - If you are not authorized by Rule 130.1 to file this report, you will not be paid for this report or the MMI/impairment examination.

14. I HEREBY CERTIFY THAT THIS REPORT OF MEDICAL EVALUATION is complete and accurate and complies with the Texas Workers' Compensation Act and applicable rules, and I understand that making a misrepresentation about workers' compensation claim is a crime that can result in fines and/or imprisonment.

Signature of Certifying Doctor:

Khan M.D.

Date of Certification: 04/25/2008

PART III: MEDICAL STATUS INFORMATION

15. Date of Exam 04/25/2008	16. Diagnosis 1) (ICD-9 Codes) 372.03	2) 372.05	3)	4)
--------------------------------	--	-----------	----	----

17. Indicate whether the employee has reached Clinical or Statutory MMI based upon the following definitions:

Clinical Maximum Medical Improvement (Clinical MMI) is the earliest date after which, based upon reasonable medical probability, further material recovery from or lasting improvement to an injury can no longer reasonably be anticipated.

Statutory MMI is the later of: (1) the end of the 104th week after the date that temporary income benefits (TIBs) began to accrue; or (2) the date to which MMI was extended by the Division through operation of Texas Labor Code §408.104.

a) ☒ Yes, I certify that the employee reached ☐ STATUTORY / ☒ CLINICAL (mark one) MMI on 04/25/2008 (may not be a prospective date) and have included documentation relating to this certification in the attached narrative. OR

b) ☐ No, I certify that the employee has NOT reached MMI but is expected to reach MMI on or about _____. The reason the employee has not reached MMI is documented in the attached narrative.

NOTE - The fact that an employee reaches either Clinical MMI or Statutory MMI does not signify that the employee is no longer entitled to medical benefits.

PART IV: PERMANENT IMPAIRMENT

18. If the employee has reached MMI, indicate whether the employee has permanent impairment as a result of the compensable injury.

"Impairment" means any anatomic or functional abnormality or loss existing after MMI that results from a compensable injury and is reasonably presumed to be permanent. The finding that impaired exists must be made based upon objective clinical or laboratory findings meaning a medical finding of impairment resulting from a compensable injury, based upon competent objective medical evidence that is independently confirmable by a doctor, including a designated doctor, without reliance on the subjective symptoms perceived by the employee.

a) ☒ I certify that the employee does not have any permanent impairment as a result of the compensable injury OR

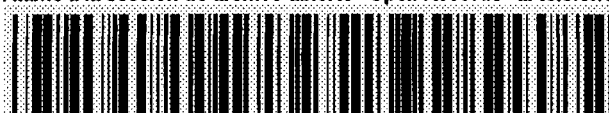
b) ☐ I certify that the employee has permanent impairment as a result of the compensable injury. The amount of permanent impairment is _____ %, which was determined in accordance with the requirements of the Texas Workers' Compensation Act and Commission Rules. The attached narrative provides documentation involved in the calculation of the impairment rating assigned using the following edition of the Guides to the Evaluation of Permanent Impairment published by the American Medical Association (AMA): ☐ third edition, second printing, February 1989. OR ☐ fourth edition, 1st, 2nd, 3rd, 4th printing, including corrections and changes issued by the AMA prior to May 16, 2000.

PART V: TREATING DOCTOR'S AGREEMENT OR DISAGREEMENT WITH ANOTHER DOCTOR'S CERTIFICATION

19. Treating Doctor's Name and Degree	22. <input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the certifying doctor's certification of MMI.
20. Treating Doctor's License Number and Jurisdiction	<input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the certifying doctor's finding of no impairment.
21. Treating Doctor's Phone & Fax #s (Ph) (Fax)	<input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the impairment rating assigned by the certifying doctor.
24. I understand that making a misrepresentation about a workers' compensation claim is a crime that can result in fines and/or imprisonment	
Signature of Treating Doctor: _____ Date: _____	

NOTE: With few exceptions, you are entitled by law to know, review, and correct information that DWC collects on its forms about you. For more information, call our Open Records section at 512-804-4437.

NOTA: Usted tiene derecho por ley de saber, revisar y corregir información que la División ha recogido en sus formularios con algunas excepciones. Para mayor información llame a la sección de archivo abierto "Open Records" al teléfono 512-804-4437.



Date Stamp

DIVISION OF WORKERS' COMPENSATION

EPAHO043000380

NARRATIVE HISTORY

Patient:

(b) (6)

DX:

Conjunctivitis

Physician:

Khan, MD, Rashid

Location:

CMC - Houston I-10 East

The patient's injury occurred on 04/22/2008. The patient stated, patient was at work and opened a valve and sulfuric acid went into both eyes

The patient was evaluated on 04/25/2008.

Date of MMI 04/25/2008.

The treatment plan included: eye drops, safety glasses

Findings of the certifying examination/explanation of performed analysis are
372.03, Conjunctivitis
372.05, Chemical conjunctivitis

Lab and X-Ray tests: n/a

Description of the results of the most recent clinical evaluation of the employee

Current Clinical Status: Patient released to full duty. Activity Status is Regular Activity. Treatment Status is Released from care.

Diagnosis and clinical findings of permanent impairment: Employee does not have any permanent impairment as a result of the compensable injury.

AMA Guides to the Evaluation of Permanent Impairment Edition:
None

EPAHO043000381

DWC FORM-6 Supplemental Report of Injury

DWC requires the reporting of all Return to Work and Post-Injury Change of Earnings. An injured worker is entitled to temporary income benefits if he/she has disability (defined as the inability to work, or the inability to earn wages equivalent to pre-injury wages, as a result of the injury) and has not reached maximum medical improvement (defined as having reached 104 weeks from the eighth day of lost time or when a doctor certifies that no further recovery can be reasonably anticipated). The insurance carrier shall adjust the weekly amount of temporary income benefits paid to the injured worker to match the fluctuations in weekly earnings after the injury. To ensure the insurance carrier has accurate information to calculate benefits, the DWC FORM-6 is to be completed as applicable:

By EMPLOYER	By INJURED WORKER
<p>The EMPLOYER means the employer for whom the injured worker was working when the injury occurred. If the employer is the current employer, then you are responsible to provide information to the workers' compensation insurance carrier about:</p> <ul style="list-style-type: none"> • The existence of earnings, and • The amount of any earnings, or • Any offers of employment. <p>Include CLAIM and insurance carrier numbers in right upper hand corner. Complete items 1-21, sign and date.</p>	<p>If you (the INJURED WORKER) are no longer employed by the employer where the injury/illness occurred, then you are responsible to provide information to the workers' compensation insurance carrier about:</p> <ul style="list-style-type: none"> • The existence of earnings, and • The amount of any earnings, or • Any offers of employment. <p>This form may be used to do so. Include CLAIM and insurance carrier numbers in right upper hand corner. Complete items 1-4, 10-21, sign and date.</p>
<p>The EMPLOYER must file this form:</p> <ul style="list-style-type: none"> • For a worker's injury/illness that occurs after January 1, 1991 and required the previous filing of a DWC FORM-1, Employer's First Report of Injury; and • During the time the injured worker is entitled to temporary income benefits (TIBs); and • Until the injured worker: <ul style="list-style-type: none"> ➢ Reaches maximum medical improvement (MMI), or ➢ Is no longer employed by the employer. 	<p>If you are employed by a new employer after the injury; and</p> <ul style="list-style-type: none"> • You are receiving benefits, you must tell the insurance carrier if your wages change, regardless of whether your income went up or down; or • You are <i>not</i> receiving benefits, you must tell the insurance carrier if the injury causes you to miss work or lose income.
<p>This report must be filed in the following situations within the timeframes indicated:</p> <ul style="list-style-type: none"> • 3 days after the injured worker begins to lose time from work as a result of the injury, if lost time did not occur immediately following the injury; • 3 days after the injured worker returns to work; • 3 days, when the injured worker returned to work, then later has additional day(s) of lost time as a result of the injury; • 10 days after the end of each pay period in which the injured worker has a change in earnings as a result of the injury; • 10 days after the injured worker resigns or is terminated. <p>While most of the sections on this form are self-explanatory, please note that the pay periods requested in sections 20 & 21 may be different depending on the situation for which the form is being filed:</p> <ul style="list-style-type: none"> • If the report is indicating lost time from work or the end of employment, the pay period shall be the most recent pay period prior to the lost time. • If the report is indicating return to work or a change in earnings, the pay period shall be the pay period the injured worker is beginning. 	
<p>This form is to be filed by first class mail or personal delivery with:</p> <ul style="list-style-type: none"> • The insurance carrier, and • The injured worker. <p>This report is considered filed when personally delivered or postmarked.</p> <p>Failure to comply with these filing requirements, without good cause, is a Class D administrative violation, subject to a penalty not to exceed \$500.</p>	<p>This form is to be filed by first class mail or personal delivery with:</p> <ul style="list-style-type: none"> • The insurance carrier. <p>This report is considered filed when personally delivered or postmarked.</p> <p>If you return to work for the same employer or a different employer, your temporary income benefits from the insurance carrier must be adjusted.</p> <p>Failure to report earned wages and/or offers of employment to the insurance carrier who is paying benefits to you is a crime that may result in fines and/or imprisonment.</p>

TLC§ 409.005 and Rules 120.3 and 129.4 provide the requirements regarding use of this report. The complete rule text is available on the DWC website at: www.tdi.state.tx.us



(b) (6)

o Acid

801915

RECEIVED

BY: _____

Claim and Insurance Services
P.O. Box 12029
Austin, Texas 78711-2029

NOTIFICATION OF MAXIMUM MEDICAL IMPROVEMENT/FIRST IMPAIRMENT INCOME

DATE: 10/07/2008
TO: (b) (6)

RE: Date of Injury: 05/06/2008
Nature of Injury: BURN
Part of Body Injured: MULTIPLE BODY PARTS(INCL.BODY SYSTEMS & BDY PARTS)
Employee SSN: (b) (6)
DWC #: 08266544
Carrier Name: Texas Mutual Insurance Company
Carrier Claim Number: (b) (6)
Employer: C E S ENVIRONMENTAL SERVI
4904 GRIGGS RD
HOUSTON TX 77021-3208

You have been certified to have reached Maximum Medical Improvement (MMI) and had an Impairment Rating (IR) assigned. Entitlement to Impairment Income Benefits (IIBs) begins the day after the date you were certified as having reached MMI. For each percentage point of the impairment rating, you will receive 3 weeks of benefits. The amount of your IIBs benefit is based on 70% of the reported Average Weekly Wage of \$1193.00.

We have received a report from Dr. OLUWOLE, BABALOLA OLUSOLA(copy attached) certifying that you have reached MMI on 08/08/2008 and have been assigned a whole body IR of 0%. Based on this report, you are not eligible for additional income payments of any type. You remain entitled to necessary medical benefits related to this injury.

If you are expected to be paid benefits for a period of eight weeks or more, you may request that we make benefit payments by electronic funds transfer directly to your bank account. Also, you may request that we change your IIBs to a monthly payment.

Explanatory Comments:

If you do not agree with this certification of MMI and/or IR you have 90 days from the date you receive this notification of MMI and/or IR to file a dispute with the Texas Department of Insurance, Division of Workers' Compensation by contacting the Division office handling your claim at 1-800-252-7031.

If you are interested in having your payments made directly to your bank account or do not agree with the finding of MMI, IR certified by the doctor or the amount being paid please contact me:

Adjuster's Name: ANTOINETTE Y LOCKS
Toll Free Telephone #: (800) 859-5995 ~
Fax #/E-mail Address: (512) 224-3889

If we are unable to resolve the issue to your satisfaction, you may contact the Texas Department of Insurance, Division of Workers' Compensation for further assistance. You have the right to request a Benefit Review Conference. You can contact the Division office handling your claim at 1-800-252-7031.

If you would like to receive notices such as this by facsimile or e-mail, please contact me and provide your facsimile number or e-mail address.

Please note that making a false or fraudulent workers' compensation claim is a crime that may result in fines and/or imprisonment.

CC MCRIMMONS, SEBASTIEN
C E S ENVIRONMENTAL SERVI
MANUEL GONZALES



C E S ENVIRONMENTAL SERVI
4904 GRIGGS RD
HOUSTON TX 77021-3208

EPAHO043000385

(b) (6)
Accession 03-05-2008

DW-6

full duty

full pay

↳ Latonic Ray

(b) (6)



Alcohol Testing Form (Non-DOT)

(The instructions for completing this form are on the back of Copy 3)

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(b) (6)

A: Employee Name _____
(Print) (First, M.I., Last)

B: SSN or Employee ID No. _____
(b) (6)

C: Employer Name CES ENVIRONMENTAL SVCS
4904 GRIGGS
Street

City, ST ZIP HOUSTON TX 77021
DER Name and Telephone No. PRABHAKAR THADUDU 713 676-146
DER Name DER (Area Code & Phone Number)

D: Reason for Test: ☐ Random ☐ Reasonable Susp. ☒ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing and that the identifying information provided on the form is true and correct.

(b) (6) 3/15/08
Signature of Employee Date Month / Day / Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT **DEVICE:** ☐ SALIVA ☒ BREATH* **15-Minute Wait:** ☐ Yes ☐ No

SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # <u>OR</u> Lot # & Exp. Date	Activation Time	Reading Time	Result
--------	---------------------	---	-----------------	--------------	--------

CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

MGMORIAL HERMAN HOSPITAL 6411 FANNIN
Alcohol Technician's Company Company Street Address

RUSSELL NEEL HOUSTON TX 77030
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip

713 704-3100
Phone Number (Area Code & Number)

Signature of Alcohol Technician _____ Date Month 3 Day 15 Year 08

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS POSITIVE

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are positive.

Signature of Employee _____ **Date** **Month** **/** **Day** **/** **Year**

471-FS-C3 (Rev. 6/01) 6363

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

RECEIVED

MAR 10 2008

BY:

AS IV Serial no: 036979
Version No. 1538

TEST RECORD - REPRINT

TEST RECORD 00199

Temp	Date	Time	210L
------	------	------	------

Air Blank:
03/05/08 15:47 .000
Subject Test: Auto
23 03/05/08 15:47 .000

APPLY Evidence Tape HERE
(If Required)

**Affix Or Print
Additional Test Results Here**

▲ Affix With Tamper Evident Tape

EPAHQ043000388

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM



60068633 4376560 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

MEMORIAL HERMANN INC
BILL BURAS / GERT PARSONS
6411 FANNIN ST
HOUSTON TX 77030

713-704-3100 FAX: 713-704-4445

B. MRO Name, Address, Phone and Fax No. FORM ID: SAPH500020

FAX:

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

E. Donor ID Verified:

☐ Photo ID

☒ Emp. Rep.

PRABHAKAR THANDUDU

F. Reason for Test:

☐ Pre-employment (1)

☐ Random (3)

☐ Reasonable Suspicion/Cause (5)

☐ Post-Accident (2)

☐ Promotion (22)

☐ Return to Duty (6)

☐ Follow-up (23)

☐ Other (specify) (99)

G. Drug Tests to be Performed:

(X) 35190N SAP 10-50/2000 U/NIT

() 0443N ALCOHOL, ETHYL (B)

() 5840N ALCOHOL, ETHYL (U)

() 35105N SAP 5-50 U/NIT

H. Collection Site Name: Memorial Hermann INC

Collection Site Code:

Address: 6411 Fannin St

City, State and Zip: Houston TX 77030

Collector Phone No.: 7137043100

Collector Fax No.: 7137044445

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split

☒ Single

☐ None Provided (Enter Remark)

☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X
Signature of Collector
RUSSELL NEECE
(Print) Collector's Name (First, MI, Last)

15:51 AM PM
Time of Collection
3/5/08
Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier

☐ FedEx

☐ DHL / Airborne

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

☐ Yes

☐ No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X
Signature of Donor
(b) (6)
(Print) Donor's Name (First, MI, Last)

3/5/08
Date (Mo./Day/Yr.)

Daytime Phone No. ()

3/5/08
Date (Mo./Day/Yr.)

1/1/85
Date of Birth Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE

☐ POSITIVE

☐ TEST CANCELLED

☐ REFUSAL TO TEST BECAUSE:

☐ DILUTE

☐ ADULTERATED

☐ SUBSTITUTED

REMARKS

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED

☐ FAILED TO RECONFIRM - REASON

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 2 - MEDICAL REVIEW OFFICER COPY

EPAHO043000389

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

DE JONKING, MICHAEL LTD
8411 FANNIN ST
HOUSTON TX 77054
713-704-5100 FAX 713-704-4445

B. MRO Name, Address, Phone and Fax No. FORM ID: 315108

C. Donor SSN or Employee I.D. No.

(b) (6)

D. Donor Name: Last:

(b) (6)

E. Donor ID Verified:

☐ Photo ID

☒ Emp. Rep.

PROVIDE TRAINING

F. Reason for Test:

☐ Pre-employment (1)

☐ Random (3)

☐ Reasonable Suspicion/Cause (5)

☐ Post-Accident (2)

☐ Promotion (22)

☐ Return to Duty (6)

☐ Follow-up (23)

☐ Other (specify) (99)

G. Drug Tests to be Performed:

(X) 35190N SAP 10-30/2000 4/NIT

(X) 3540N ALCOHOL 15/NIT (8)

(X) 35190N SAP 5-50/4/NIT

(X) 3540N ALCOHOL 5/NIT (8)

H. Collection Site Name:

DeJongking Michael LTD

Collection Site Code:

Address: 8411 FANNIN ST

City, State and Zip: HOUSTON TX 77054

Collector Phone No.: 7137043100

Collector Fax No.: 7137044445

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection

☐ Split

☒ Single

☐ None Provided (Enter Remark)

☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X

Signature of Collector

Time of Collection

AM

PM

(Print) Collector's Name (First, MI, Last)

Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier

☐ FedEx

☐ DHL / Airborne

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

☐ Yes

☐ No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No.

Evening Phone No.

Date of Birth

Mo. Day Yr.



03/07/2008

C E S ENVIRONMENTAL SERVICES I
4904 GRIGGS RD
HOUSTON TX 77021-3208
pthangudu@cesenvironmental.com

Notification Confirming Receipt of Claim

Date of Injury: 03/05/2008
Injured Worker: (b) (6)
Claim Number: (b) (6)
Policy Number: 0001086044

Attached is a copy of the information you reported to Texas Mutual Insurance Company which was used to establish this claim. You may submit additional claim information to Texas Mutual Insurance Company. If you have questions regarding this report of injury please contact us at (800) 859-5995.

If your policy includes our workers' compensation health care network option you are required by law to obtain a second Employee Acknowledgement of Workers' Compensation Network Form signed by the injured worker. Please submit a copy of the signed, second acknowledgement form to Texas Mutual Insurance Company. You can find a copy of the form online at www.texasmutual.com/hcn/hcn.shtm

Below please find information that will help you through the claim process:

To submit additional claim information:

Mail to: P. O. Box 12029
Austin, Texas 78711-2029
Fax to: (512) 224-3889

To locate a treating doctor:

www.texasmutual.com/workers/iwADL.shtm

To contact the handling adjuster:

Call: (800) 859-5995
Monday - Friday; 8:00 a.m. - 5:30 p.m.

To obtain a copy of the Employer and Employee Rights and Responsibilities in the Workers' Compensation System:

www.texasmutual.com/employers/erRights.shtm

To locate a pharmacy, or for pharmacy questions, contact Scripnet:

Call: (888) 880-8562
www.scripnet.com

To obtain a copy of the Employer and Employee Rights and Responsibilities for the workers' comp health care network:

www.texasmutual.com/hcn/hcn.shtm

Additional Texas Mutual® online services at www.texasmutual.com, available 6 a.m. - 9 p.m., include:

- o Obtain logon id, or for immediate logon id, call (800) 859-5995, M-F, 8:00 a.m. - 5:30 p.m.
- o Submit first report of injury in the Employers section
- o Submit wage statement when reviewing loss runs and claim details
- o Obtain specific claim summary information

Texas Mutual Insurance Company P.O. Box 12029 Austin, TX 78711-2029
Phone: (800) 859-5995; Fax: (512)224-3889

EPAHO043000391

EMPLOYER'S FIRST REPORT OF INJURY**INJURED EMPLOYEE**

Name: (b) (6)
SSN: XXX-X(b)
Mailing
Address: (b) (6)
(b) (6)

County: HARRIS

Physical
Address:

County:

Home Phone: (b) (6)
Date of Birth: (b) (6)
Marital Status: Unknown
Gender: Male
Language: English

Dependents: 01

MEDICAL PROVIDER

Name:
Tax ID:
Address:

Phone: Ext: Fax:

ATTORNEY

Represented by Attorney:

Name:
Phone:

BUSINESS/EMPLOYER

Name: C E S ENVIRONMENTAL SERVICES I
Address:

4904 GRIGGS RD
HOUSTON TX 77021-3208

Phone: (713)676-1460 Ext: Fax: (713)676-1676

Policy Number: 0001086044

FEIN: 760592985

Location ID:

EMPLOYMENT

Occupation: HELPER

Hire Date: 08/08/2007 State: TX

Partner/Officer/Owner: No

Date Lost Time Began: 00/00/0000

Return to Work Date: 03/07/2008

Last Paycheck was:

Wage: 10.00

Frequency: Hourly

Hours/Week:

Days/Week:

Period Start: 00/00/0000

Period End: 00/00/0000

Supervisor

Name: M MARLIN

Phone:

Ext:

PREPARER OF REPORT

Name: PRABHAKAR THANGUDU

Phone: (713)676-1460 Ext: Fax:

Email: pthangudu@cesenvironmental.com

INJURY INFORMATION

Date of Injury: 03/05/2008 Time: 00:00

Date Reported: 03/06/2008

Nature of Injury: NO PHYSICAL INJURY

Cause of Injury: MISC. CAUSES-ABSORB,
INGEST OR INHALATION, NOC

Part of Body: NO PHYSICAL INJURY

Fatality: No

Address Where Injury Occurred:

4904 GRIGGS RD
HOUSTON TX 77021

County:

Witnesses:

Name:

Phone:

Name:

Phone:

Name:

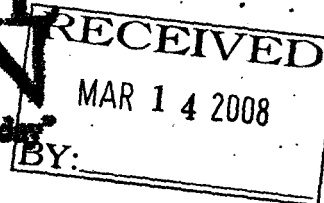
Phone:

How and Why the Injury/Illness Occurred

DIZZINESS. EE BECAME DIZZY WHILE WORKING IN THE TANK.

MEMORIAL HERMANN

Breakthroughs every day



Occupational Medicine Services

ALL DRUG SCREEN RESULTS WILL BE CALLED TO THE DESIGNATED
EMPLOYER REPRESENTATIVE
THEN THE RESULTS WILL BE FAXED OR MAILED

Address: 6411 Fannin, Suite H 1.21, Houston, Texas 77030-1501

Phone: Facilitator (24 hours) 713-704-3100, Manager (Bill Boras) 713-704-5840

Fax: 713-704-4445

www.memorialhermann.org

Faxed / Mailed To:

Name: KARL GUDRY - HSE MANAGER

Organization: CES ENVIRONMENTAL SERVICES

Address: _____

Phone: _____ Fax: 713-704-1676

- ☒ Urgent
- ☒ For Review
- ☐ Please Comment
- ☐ Please Reply

Date sent: 3/6/08

Time sent: 6:45 PM

Number of pages including cover page: 2

Message: The attached are results for a drug screen collected at Memorial Hermann Hospital. Below is the patient's information.

Occupational Medicine Staff mailing results: BILL BORAS

PATIENT: Name: (b) (6)

Date of Drug Screen: 3/5/08 SS #: (b) (6) OR Date of Birth: _____

Date of Reported: 3/6/08

Confidentiality Notice

WARNING: Unauthorized interception of this fax communication could be a violation of federal and state law. The documents accompanying this fax transmission may contain information that is legally privileged. The information is intended only for use by the recipient. You are hereby notified that any disclosure, copying, distribution, or taking of any action on the contents of this faxed information is strictly prohibited. If you have received this information in error, please immediately notify sender by telephone to arrange for the return of the original documents.



PATIENT INFORMATION
557452211

REPORT STATUS **Final**

Employer Solutions
CLIENT SERVICE 800.877.7484

ORDERING PHYSICIAN

Primary Id: 557452211
Sec Id: (b) (6)

CLIENT INFORMATION
60068633
MEMORIAL HERMANN TMC
WILLIAM BORAS
6411 FANNIN ST
HOUSTON, TX 77030

SPECIMEN INFORMATION
SPECIMEN: 742250I
REQUISITION: 4396560
LAB REF NO: 557452211

COLLECTED: 03/05/2008 15:51
RECEIVED: 03/06/2008 04:27
REPORTED: 03/06/2008 11:06

Reason: NOT PROVIDED

Tests Ordered: 35190N (SAP 10-50/2000 W/NIT)

Integrity Checks

Acceptable Range

CREATININE	88.1 mg/dL	>= 20 mg/dL
OXIDIZING ADULTERANTS	Negative	
pH	7.5	4.5-8.9

Substance Abuse Panel

Initial Test Level	GC/MS Confirm Test Level
-----------------------	-----------------------------

AMPHETAMINES	Negative	1000 ng/mL	500 ng/mL
BARBITURATES	Negative	300 ng/mL	200 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL	200 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL	15 ng/mL
METHADONE	Negative	300 ng/mL	200 ng/mL
METHAQUALONE	Negative	300 ng/mL	200 ng/mL
OPIATES	Negative	2000 ng/mL	2000 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL	200 ng/mL

CERTIFYING SCIENTIST: Elda Yang

SPECIMEN RECEIVED AND PROCESSED IN THE LENEXA DHHS CERTIFIED LABORATORY.

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

>> END OF REPORT <<



INCIDENT REPORT

Near Miss

Accident XXX

Date of Incident 03/05/2008 Time ~ 2:00 pm

Result of Incident: Physician Treatment of Employee

- 1) ☐ Fire 2) ☐ Explosion 3) Equipment Damage 4) Property Damage
5) ☐ Product Loss 6) Production Loss 7) XXX Employee Endangerment
8) ☐ Other _____

Person(s) Directly Involved

Name: (b) (6)

Exact Location Where Incident Occurred: Facility ISO Unit

Describe Fully How Incident Occurred: Statement from (b) (6) (Pending return to work)

Statement from Cody Hampton, CES Employee:

Statement from Nathan Juarez, CES Employee:

Statement from Michael McLay, CES Employee:

The three above named individuals provided a collective statement as follows;

Specifically; (b) (6) were inside the ISO Tank performing the final cleaning. The ISO Tank had been flushed and rinsed prior to entry. A temperature reading was taken on the vessel internal and indicated a temperature of ~ 105⁰ F. An exhaustor was put in place to evacuate heat. Temperature at time of entry into the vessel was ~90⁰ F. All entrants were wearing the proper personal protective equipment consisting of Tyvek suits, safety glasses, hard hats and respirators with new cartridges. Michael McLay was performing Entrance Attendant duties.

During the cleaning process (b) (6) collapsed. (b) (6) removed (b) (6) from the vessel with (b) (6) assisting (b) (6) down the ladder. (b) (6) was lowered to the ground and it should be noted (b) (6) never lost consciousness. (b) (6) who was working in the area assisted and contacted 911.

Houston Fire Department EMS personnel arrived on site, checked (b) (6) vital signs, questioned personnel who were working with (b) (6) and transported (b) (6) to Memorial Hermann Hospital. (b) (6) was tested for alcohol and drugs consistent with the CES Environmental Services, Inc protocol on file with Memorial Hermann Hospital Occupation Health. The Blood Alcohol Test indicated no alcohol in (b) (6) system. Drug test results were negative. (b) (6) was released from Memorial Hermann Hospital at ~ 6:15 pm the same day of this incident which for the record is March 5, 2008.

Memorial Hermann Hospital diagnosed (b) (6) with chemical inhalation and hyperventilation syndrome. The report is attached and is part of this report. (b) (6) was prescribed ibuprofen and released to return to work March 7, 2008.

Conclusion: It appears from information gathered as part of this investigative process that (b) (6) may have been overcome by heat. The factors which are known and may have been contributing factors to heat exhaustion are consistent with the known symptoms of heat exhaustion and include but are not limited to the following:

1. Ambient temperature at the time of entry was ~ 76° F with 0 mph wind speed.
2. Internal vessel temperature was between 90° F and 100° F with the exhausters in service.
3. (b) (6) was donned in a Tyvek suit over his normal CES uniform clothing.
4. (b) (6) was also wearing a half – face respirator
5. The cleaning process consisted of manual labor of shoveling solid material from the floor of the vessel.
6. An oxygen meter reading was taken using a Crowcon Tetra Gas Detector to determine the O₂ level of the vessel internal where (b) (6) and the other CES employees were working. The result of the oxygen detector indicated a reading of 20.9% oxygen.
7. The other employees who were also in the vessel performing the same work did not indicate any abnormal conditions or changes in the atmosphere inside the ISO Tank.
8. (b) (6) and the other employees working inside the vessel were properly trained in confined space procedures, respirator fit, personal protective equipment and hazard communications. Records indicating (b) (6) training in the prior mentioned areas is attached and are part of this investigative effort.

What Unsafe Acts/Conditions Lead to Incident: Work commenced without a Confined Space Permit. No air monitor was in use prior to entry or duration of time in vessel. Respirator not properly used. Safety training protocols not properly followed.

Recommendations to Prevent Reoccurrence: Require Area Manager and HSE Manager to approve future vessel entry work. Institute immediate disciplinary action of letter of reprimand in the personnel files (b) (6) (b) (6)

Witnesses: Name:

Name _____

Name K. Guidry

Name _____

Prepared by: Karl A. Guidry

Title: CES Environmental EHS Manager

Initials KAG

Approved by: Marlin Moser

Title: Director Processing

Initials MM

Memorial Hermann Hospital

Emergency Department
6411 Fannin Street
Houston, TX 77030
(713) 704-4060

DISCHARGE INSTRUCTIONS FOR:
FOR TODAY'S VISIT ON:

(b) (6)
Wednesday 3/05/2008

Thank you for using Memorial Hermann Hospital for your care today. It is important for you to know that the examination, treatment and x-ray reading you have received in the Emergency Care Center today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get results. If there is a change in the x-ray diagnosis or a positive culture we will contact you. **(Make sure we have your local phone number.)**

MEDICATIONS:

If you received a prescription for medication(s) today it is important that when you fill this you let the pharmacists know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Care provided by Crouse, Heather MD with the diagnosis of Inhalation Carbon Noxious Fumes/ Gas.

Thanks again for using Memorial Hermann Hospital for your treatment today. The discharge instructions for today's visit are outlined below.

-
- CHEMICAL INHALATION
 - HYPERVENTILATION SYNDROME
 - Ibuprofen 600 mg 30 (thirty) 1 PO every 6 hours as needed for pain, take with food

Special Notes:

today you likely had effects from low oxygen. the mask you are using requires substantial oxygen and if the level is low in the tank then you will feel the effects of low oxygen and begin to hyperventilate. your x-ray, EKG and cardiac enzymes were negative. you may need to carry supplemental oxygen when cleaning this tank in the future.

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).

Moises Ramirez
MRN # 038522416

ED Physician or Nurse

Date _____

PROBLEM(S)

CHEMICAL INHALATION

You have been exposed to chemical fumes. This may cause symptoms of cough, shortness of breath, throat irritation or upper chest pain. The treatment is to breathe fresh air. Symptoms should go away completely within 1-24 hours. Sometimes a pneumonia-like illness can develop within 24 hours after a chemical inhalation.

HOME CARE:

- 1) Breathe fresh air for the next few hours. Avoid closed spaces with poor air flow.
- 2) Rest until you are feeling back to normal again. This may take up to 24 hours.
- 3) During the next 24 hours, do not smoke cigarettes and avoid the smoke of others.

FOLLOW UP with your doctor or this facility if you are not feeling back to normal within the next 24 hours or if new symptoms appear.

[NOTE: A radiologist will review any X-rays that were taken. We will notify you of any new findings that may affect your care.]

RETURN PROMPTLY or contact your doctor if any of the following occur.

- Headache, dizziness, fainting
- Increasing shortness of breath
- Worsening chest pain
- Confusion, drowsiness or convulsions (seizures)
- Cough with lots of sputum
- Fever over 100.0° (37.8° C)

HYPERVENTILATION SYNDROME

Hyperventilation Syndrome is a condition in which you lose control of your breathing. You may find yourself breathing too fast and/or too deep. This can be triggered by a number of different causes. These causes include pain, anxiety and emotional stress. If hyperventilation continues for more than a few minutes, it can lead to a number of frightening symptoms. These symptoms include:

- Numbness and tingling of the hands, feet and face
- Dizziness
- Feeling like you cannot get enough air
- Chest pains
- Fainting or feeling like you are going to faint

Once these symptoms begin, it is often hard to stop them because they lead to a cycle of more anxiety and more hyperventilation. It is important to understand that this is not a life-threatening condition and it will eventually stop once you relax or fall asleep.

HOME CARE:

- 1) Rest today.
- 2) If symptoms return, you should sit or lie down. Remember that what is happening to you is temporary and will pass.
- 3) Breathe into a paper bag, held tightly around your mouth, for 5-10 minutes at a time. This may help break the attack. Rebreathing your own air helps minimize the symptoms of hyperventilation.

FOLLOW UP with your doctor or as directed by our staff if symptoms recur.

RETURN PROMPTLY or contact your doctor if any of the following occur:

- Shortness of breath, wheezing
- Fever over 99.5 without an obvious explanation
- Coughing up blood or chest pain that is made worse with each breath

- Redness, pain or swelling of the leg
- Ringing in your ears, headache
- Weakness or fainting

PRESCRIPTION(S)

Memorial Hermann Hospital / Memorial Hermann Children's Hospital
Discharge Instructions for: (b) (6)

Patient Copy

Memorial Hermann Hospital

Emergency Department

6411 Fannin Street
Houston, TX 77030
(713) 704-4060

Patient Name: (b) (6)

Date: 3/05/2008

AGE:

Wt. _____ lbs kg

A generically equivalent drug product may be dispensed unless the practitioner has hand written the words "Brand Necessary" or "Brand Medically Necessary" on the face of the prescription.

**WORK RELATED
PRESCRIPTIONS**

Ibuprofen 600 mg
Dispense#: 30 (thirty)

Sig: 1 PO every 6 hours as needed for pain, take with food

Refills: 0

Signature

ID#

Crouse, Heather MD

Chambers, Kimberly MD

EPAHO043000402

DIAGNOSIS: _____

INHALATION V.
HYPOXIA

☐ Memorial Hermann
The Woodlands Hospital – 281-364-2328

☐ Memorial Hermann
Northwest Hospital – 713-867-4608

☐ Memorial Hermann
Southwest Hospital – 713-456-5527

☐ Memorial Hermann
Katy Hospital – 281-395-7466

☐ Memorial Hermann
Memorial City Hospital – 713-242-3593

☒ Memorial Hermann
Hospital – 713-704-3100

☐ Memorial Hermann
Southeast Hospital – 281-929-4746

Date of Service: 3/5/08

SELECT ONLY ONE DUTY RELEASE

FULL DUTY RELEASE: FULL RELEASE - RETURN TO WORK

- ☐ Released to regular duty
☐ Released to regular duty with follow-up appointment as indicated below*
☐ Off the remainder of today. Return to regular duty next workday

LIMITED DUTY RELEASE: MODIFIED DUTY - RETURN TO WORK

Released to return to work _____ with the following restrictions

Lifting:

- ☐ Wound must remain clean, dry and covered
☐ Sedentary work only
☐ Limited use of affected extremity
☐ No use of affected extremity
☐ Cannot operate:
Power Machinery _____
Vehicle _____
☐ _____
- ☐ No lifting restrictions
☐ 10 lbs. maximum and occasionally lifting and/or carrying small items.
☐ 20 lbs maximum with frequent lifting up to 10 lbs. and/or carrying objects weighing up to 10 lbs.
☐ 50 lbs. maximum with frequent lifting and/or caring of objects weighing up to 50 lbs
☐ No lifting

OFF DUTY: (If one full workday of the injured employee's shift is missed – they fall under Off Duty)

- ☐ Off duty until re-evaluated by follow-up physician. ☒ Released to regular duty 3/7/08

SERVICES PROVIDED: ☒ Initial Visit ☒ X-ray ☐ Admitted ☐ Sutures ☐ Lab

WORK-RELATED PRESCRIPTIONS: Were any prescriptions prescribed: ☐ No ☒ Yes – List: TIAPROFEN

URINE DRUG TESTING:

- ☒ Non-DOT ☐ DOT ☐ N/A

ALCOHOL TESTING:

- ☒ Evidential Breath Test ☐ Saliva ☐ N/A
☐ Breath Scan ☐ Blood Alcohol

REFERRAL INFORMATION:

- ☐ Occupational Medicine will schedule follow-up appointment
☒ Patient will schedule follow-up appointment.

☐ Referred to: COMPANY M.D. Phone: _____
Address: _____

*Follow-up with the physician / clinic on: _____

SIGNATURES:

Physician's Signature: [Signature]

HEATHER CRUISE M.D.

Print Physician Name

Patient's Signature: [Signature]

EE/Occ. Med. Staff Signature

Memorial Hermann Hospital System

FOR YOUR WHOLE LIFE.™

Return To Work

OCCUPATIONAL MEDICINE

1702 10/04



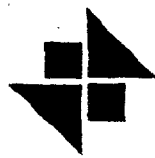
(b) (6)

A:03/05/08

23Y SER:EMR



EPAHO043000403



CONCENTRA
MEDICAL CENTERS

EMPLOYER'S AUTHORIZATION FOR EXAMINATION OR TREATMENT

(MUST PRESENT PHOTO ID AT TIME OF SERVICE)

Patient Name: (b) (6)

SSN: (b) (6)

Company Name: CES Environmental Services, Inc.

Date of Birth: (b) (6)

Location #/Street Address: 4904 Griggs Road, Houston, TX 77021

Date of Injury: NA

Temporary Staffing Agency: - NA -

WORK-RELATED _____ INJURY _____ ILLNESS _____

Post-Accident Substance Abuse Testing:

- ☐ Drug Screen
- ☐ Breath Alcohol
- ☐ Drug Screen and Breath Alcohol
- ☐ Urine Collection Only
- ☐ DOT Regulated
- ☐ Non-regulated

DOT PHYSICAL

- ☐ Preplacement
- ☐ Recertification
- ☐ Exit
- ☐ Audiogram
- ☐ Regulated Drug Screen
- ☐ Urine Collection Only
- ☐ Breath Alcohol

PRE-PLACEMENT EVALUATION

Job Title: WAREHOUSE TECHNICIAN

- ☒ Physical Exam
- ☐ HPE
- ☒ Regulated Drug Screen
- ☒ Non-regulated Drug Screen
- ☐ Urine Collection Only
- ☐ Hair Collection
- ☐ Audiogram

SUBSTANCE ABUSE TESTING

- ☐ Regulated
- ☐ Non-regulated
- ☐ Urine Collection Only
- ☐ Rapid Test
- ☐ Pre-placement
- ☐ Reasonable Suspicion
- ☐ Random
- ☐ Periodic
- ☐ Post-accident
- ☐ Follow-up
- ☐ Breath Alcohol

SPECIAL PHYSICAL EXAMINATIONS

- ☐ Asbestos
- ☒ Respirator 3M full face; Scott full face
- ☐ Hazmat
- ☐ Baseline
- ☒ Other PFT

BILLING

- ☐ Employee to pay charges at time of service
- ☐ Workers' Compensation
- Insurance Co: _____
- Policy #: _____
- Phone #: _____

Authorized By: Robert M. Langer

Title: HSE Manager

Phone: 281-433-9792

Date: 8-16-07

(copies of this form available at www.concentra.com)

EPAHO043000404

08/17/2007

LAST NAME (b) (6)

FIRST NAME (b) (6)

FIT TEST REPORT

ID NUMBER 557452211

LAST NAME (b) (6)

CUSTOM1

FIRST NAME (b) (6)

CUSTOM2

COMPANY CES ENVIRONMENTAL

CUSTOM3

LOCATION HOUSTON, TX

CUSTOM4

NOTE

TEST DATE 08/17/2007

PORTACOUNT S/N 16663

TEST TIME 14:51

N95-COMPANION N

DUE DATE 08/17/2008

RESPIRATOR 3M 6000 HALF FACE [100]

PROTOCOL OSHA 29CFR1910.134

MANUFACTURER 3M

PASS LEVEL 100

MODEL 6000

MASK STYLE HALF FACE

APPROVAL

MASK SIZE MEDIUM

EFFICIENCY <99% N

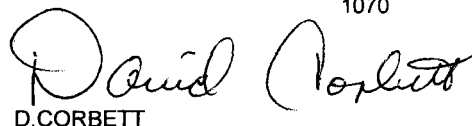
<u>EXERCISE</u>	<u>DURATION (sec)</u>	<u>FIT FACTOR</u>	<u>PASS</u>
NORMAL BREATHING	60	867	Y
DEEP BREATHING	60	1170	Y
HEAD SIDE TO SIDE	60	939	Y
HEAD UP AND DOWN	60	1270	Y
TALKING	60	761	Y
GRIMACE	15	Excl.	
BENDING OVER	60	1460	Y
NORMAL BREATHING	60	1500	Y

OVERALL FIT FACTOR

1070

Y

FITTEST OPERATOR


D. CORBETT

DATE 8-17-07

NAME

(b) (6)

DATE





**CES Environmental
Services, Inc.**

4904 Griggs Road
Houston, TX 77021
Tel. (713) 676-1460
Fax. (713) 676-1676

EMPLOYEE NAME: (b) (6)

8-16-07

RESPIRATORY PROGRAM

1. The CES Respiratory Protection Program was established to protect employees from possible respiratory hazards in their workplace.

☒ True ☐ False

2. Possible respiratory hazards found in the workplace are: Inhalation of sprays, gases, vapors, and/or dusts.

☒ True ☐ False

3. Types of respiratory protection include Air Purifying Respirators, Air Supplied Respirators, and Filter Masks.

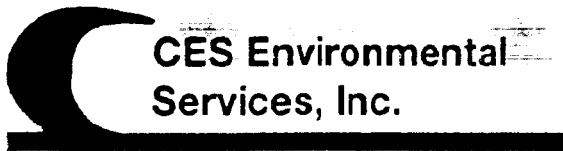
☒ True ☐ False

4. Air Purifying Respirators can only be used in environments that have sufficient oxygen to breathe.

☒ True ☐ False

5. Filter cartridges for Air Purifying Respirators are color coded to identify the chemical(s) hazard from which they provide protection.

☒ True ☐ False



**CES Environmental
Services, Inc.**

4904 Griggs Road
Houston, TX 77021
Tel. (713) 676-1460
Fax. (713) 676-1676

EMPLOYEE NAME: (b) (6) 8-16-07

Hazard Communications

- 1 Which of the following will be found on a Material Safety Data Sheet (MSDS)?
 - ☐ Spill and Leak Procedures ✓
 - ☐ Health Hazard Information ✓
 - ☐ Special Protection Information ✓
 - ☒ All of the Above
- 2 Which of the following is considered a chronic illness?
 - ☐ A chemical burn that heals in a couple of days.
 - ☒ Cancer caused by over exposure to a chemical 5 months ago.
 - ☐ Both A & B
 - ☐ None of the above
- 3 Employee exposure report forms should only be filled out if you have suffered an acute (immediate) chemical injury such as an acid burn.
 - ☐ True
 - ☒ False
- 4 The MSDS sheet will tell you what personal protection equipment is required when working around a specific chemical.
 - ☒ True
 - ☐ False
- 5 The MSDS station for this facility is located at the tank wash office.
 - ☒ True
 - ☐ False
- 6 Any unattended container with a substance shall have a label to identify the contents of the container.
 - ☒ True
 - ☐ False



**CES Environmental
Services, Inc.**

4904 Griggs Road
Houston, TX 77021
Tel. (713) 676-1460
Fax. (713) 676-1676

EMPLOYEE NAME: (b) (6)

DATE: 8-16-07

FORKLIFT

1. ☒ You must be trained and authorized by your company to operate a forklift.

☐ True
☐ False

2. ☒ A forklift must be inspected at the beginning of each shift.

☐ True
☐ False

3. You can operate a forklift that is leaking liquids.

☐ True
☒ False

4. It is acceptable to drill holes in the forklift's blades.

☐ True
☒ False

5. When traveling down a ramp, the load should be pointed down ramp.

☐ True
☒ False

6. Use of seatbelts is optional when operating a forklift.

☐ True
☒ False

7. Each model of forklift has a specific forklift capacity.

☒ True
☐ False

Employee: (b) (6)

Instructor: _____

Company/Division: _____

Date: 8-16-07

CONFINED SPACE TRAINING TEST

Directions: Read each statement carefully and circle the response that most fully answers the question.

1. Before an entry supervisor can sign the entry permit allowing permit space operations to begin, he or she must verify that:
 - A. All entrants have the proper training
 - B. All permit space hazards and entry conditions are listed
 - ☒ C. All required tests are done and all procedures and equipment are in place
 - D. All procedures and equipment are in place
2. As an entry supervisor you should know the following about the hazards of a given permit space:
 - A. What they are and the signs and symptoms of exposure
 - B. What they are, signs, symptoms and the consequences of exposure
 - ☒ C. What they are, how the entrant can be exposed, signs, symptoms, and consequences of exposure
 - D. What they are and the behavioral effects of exposure
3. An entry supervisor must do which of these in regard to a rescue service:
 - ☒ A. Make sure it is available and that there is a plan to summon it
 - B. Make sure it has the appropriate rescue equipment
 - C. Summon it when necessary
 - D. The entry supervisor has no responsibilities for rescue services
4. There is danger of asphyxiation or suffocation if the oxygen level falls below:
 - A. 20.9%
 - ☒ B. 19.5%
 - C. 17.5%
 - D. 22%

19.5 — 23.5

PPE Quiz

1. You are not required to wear PPE at the CES facility.
☐ True
☒ False
2. Eye and face protection must:
 - A. Be appropriate for the hazard
 - B. Fit snugly but not interfere with the wearer's movements
 - C. Be easy to clean and kept in good repair
 - ☒ D. All of the above
3. The shell of a helmet can be damaged by:
 - A. Certain types of paint and cleaning solutions
 - B. Drilling ventilation holes
 - C. Continual exposure to sunlight and high temperature
 - ☒ D. All of the above
4. Protective footwear is required to protect against electrical hazards or objects falling on, rolling over, or puncturing the foot.
☒ True
☐ False
5. When working with pressure washers the recommended eye and face protection is goggles and a face shield.
☒ True
☐ False
6. You should always wear metatarsal guards when you are working with or around a hydro blaster.
☒ True
☐ False
7. For a positive fit test, for a half or full-face respirator you should place your palms over the exhalation valve, exhale into the mask, and feel the pressure in the mask.
☒ True
☐ False
8. Respirators should be cleaned regularly with alcohol.
☒ True
☐ False
9. Noise-induced hearing loss.
 - A. Is irreversible
 - B. Cannot be repaired with surgery or drugs
 - C. Has a negative effect on interpersonal communication
 - ☒ D. All of the above
10. PPE can help reduce accidents and injuries.
☒ True
☐ False

Name (b) (6)

Date 8-16-07

EPAHO043000410

Concentra Medical Centers

10909 I-10 East Frwy Houston, TX 77029
Phone: (713) 973-7943 Fax: (713) 973-7947

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

EMPLOYER TO COMPLETE THE FOLLOWING :

Employee Name: (b) (6)

Employer: CES Environmental

Check Type of Respirator(s) To Be Used (Check ✓ ALL that apply)

- | | |
|--|---|
| <input type="checkbox"/> Air-purifying (non-powered) | <input type="checkbox"/> Air-purifying (powered) |
| <input type="checkbox"/> Atmosphere supplying Respirator | |
| <input type="checkbox"/> Combination air-line and SCBA | |
| <input type="checkbox"/> Continuous-Flow Respirator | |
| <input type="checkbox"/> Supplied-Air Respirator | |
| <input type="checkbox"/> Open Circuit SCBA | <input type="checkbox"/> Closed Circuit SCBA |
| <input type="checkbox"/> Dust Mask | <input type="checkbox"/> 1/2 Face with Canisters |
| | <input type="checkbox"/> Full Face with Canisters |

Make: _____ Model: _____ Cartridge: _____

Special Work Conditions (Check ✓ ALL That Apply When Wearing Respirator)

- | | | |
|---|--|--|
| <input type="checkbox"/> High Places | <input type="checkbox"/> Enclosed Places | <input type="checkbox"/> Protective Clothing |
| <input type="checkbox"/> Temperature Extremes | <input type="checkbox"/> Mostly Cold | <input type="checkbox"/> Mostly Hot |
| <input type="checkbox"/> Other: _____ | | |

Questionnaire will be: ☐ HAND CARRIED ☐ MAILED ☐ OTHER

Address: _____

(b) (6)

(b) (6)

Employee SSN: (b) (6)

Extent of Usage (Check ✓ ALL that apply)

- | |
|--|
| <input type="checkbox"/> On a daily basis _____ Total Hours |
| <input type="checkbox"/> Occasionally - but not more than twice a week _____ Total Hours |
| <input type="checkbox"/> Rarely - or for Emergency situations only _____ Total Hours |

Expected Physical Effort Required (Check ✓ ALL that apply)

- | | | |
|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Light | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
|--------------------------------|-----------------------------------|--------------------------------|

Exposure to Hazardous Materials (Check ✓ ALL that apply)

- | | |
|---|---|
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Benzene |
| <input type="checkbox"/> Coke Oven | <input type="checkbox"/> Cotton Seed / Dust |
| <input type="checkbox"/> Cadmium | <input type="checkbox"/> Formaldehyde |
| <input type="checkbox"/> Methylene Chloride | <input type="checkbox"/> Lead |
| <input type="checkbox"/> Textiles | <input type="checkbox"/> Chromium |

Other(s): _____

EVALUATION AUTHORIZATION BY: _____

Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)

PHYSICIAN WILL COMPLETE THE FOLLOWING

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check ✓ ALL that apply)

☐ Employee must schedule a medical examination with Concentra Medical Centers prior to respirator approval and usage.

☒ Class I - No Restrictions on Respirator Use

☐ Class II - Some Specific Use Restrictions

☐ To be used for Emergency Response or Escape Only

☐ Other: _____

☐ Class III - Respirator Use is NOT PERMITTED

☐ Further Testing / Evaluation is Required. ²

☐ Fit Test Required

☐ Fit Test Performed Satisfactorily

☐ Fit Test Performed Unsatisfactorily

☐ Fit Test NOT Performed at: Concentra Medical Centers

☐ Special prescription eyewear needed to accommodate respirator

☐ Special prescription eyewear needed to accommodate respirator

☐ Facial hair needs to be shaved to assure tight seal on certain face masks.

² Physician or other Licensed Healthcare Professional

Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers of his/her findings to

(Check ✓ ALL that apply)

☒ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.

☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.

☒ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Jennifer Riggins, PAC

Physician's Signature

Physician's Name (Printed)

08/17/07

08/17/08

Physician's License Number (Optional in Most States)

Date of Exam

Expires On

Concentra Medical Centers

10909 I-10 East Frwy Houston, TX 77029
Phone: (713) 973-7943 Fax: (713) 973-7947

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 08/17/2007

Employee SSN: (b) (6)

Employee Name:

(b) (6)

Address:

(b) (6)

Employer: CES Environmental

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check ☒ one that applies)

- ☒ There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
☐ The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ☒ ALL that apply)

- ☒ ARE qualified to wear a respirator.
☐ Have the following restrictions concerning respirator usage: _____
☐ ARE NOT qualified to wear a respirator.
☐ Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers so that a final decision on your ability to wear a respirator can be made.
☐ Must wear Special prescription eye-wear needed to accommodate respirator.
☐ Must use an Eye glass conversion kit.
☐ May need to shave Facial hair to assure tight seal on certain face masks.
☐ Need to stop smoking.

(Check ☒ ALL that apply)

- ☒ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
☐ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

PLHCP Signature

Jennifer Riggins, PAC

PLHCP Name (printed)

Employee's Signature

8/17/08

Expiration Date

¹Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

Concentra Medical Centers

10909 I-10 East Frwy Houston, TX 77029
Phone: (713) 973-7943 Fax: (713) 973-7947

RESPIRATORY FIT TEST ASSESSMENT RECORD

Date: 08/17/2007
Employee Name: (b) (6)
Employee SSN:
Employer: CES Environmental
Department:

Respirator Type:
Respirator Model:
Cartridge Type:
Anticipated Usage:
Minutes/day
Hours/day
Days/week

Qualitative Fit Test (QLFT) Protocol used:

- ☐ Isoamyl Acetate (Respirator must be equipped with an organic vapor filter)
☐ Saccharin Solution (Must use DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent)
☐ Bitrex (Denatonium Benzoate) Aerosol

Quantitative Fit Test (QNFT) Protocol used:

- ☐ Test Chamber: Circle one of the following:
Corn Oil
Polyethylene glycol 400 (PEG 400)
di-2-ethyl hexyl sebacate (DEHS)
Sodium Chloride
Condensation Nuclei Counter: ambient aerosol

- Yes No Subject donned respirator at least 5 minutes prior to assessment
Yes No Subject conducted user seal check
Yes No Apparel interfering with a satisfactory fit must be removed or altered.
Yes No Subject given a description of the fit test and his/her responsibilities prior to assessment.
Yes No Subject wore applicable safety equipment during fit test

Assessment of Comfort (C: Comfortable, NC: Not Comfortable)

- C NC Position of the mask on the nose
C NC Room for eye protection
C NC Room to talk
C NC Position of mask on face and cheeks

Adequacy of the fit (A: Adequate, NA: Not Adequate)

- A NA Chin properly placed
A NA Adequate strap tension, not overly tight
A NA Fit across nose bridge
A NA Proper size to span length from nose to chin
A NA Tendency of respirator to slip
A NA Subject observed self in mirror to evaluate fit and position.

Physician's Comments

Exercise (each exercise shall be conducted for one minute except for grimace which shall be conducted for 15 seconds)

Breathing

Normal	Pass	Fail
Deep	Pass	Fail
Head	Pass	Fail
Turn Left	Pass	Fail
Turn Right	Pass	Fail
Side: Left	Pass	Fail
Side: Right	Pass	Fail
Move Up	Pass	Fail
Move Down	Pass	Fail

Talking

Name	Pass	Fail
SSN#	Pass	Fail
Read	Pass	Fail
Rainbow Passage observed by tester	Pass	Fail

Facial Expressions

Grimace	Pass	Fail
Smile	Pass	Fail
Frown	Pass	Fail

Body Movement

Bend at waist	Pass	Fail
Jog in place	Pass	Fail

Subject rates comfort of respirator : 1 2 3 4 5 6 7 8 9 10
Least ----- Most

Yes No Subject made no attempt(s) to adjust respirator during assessment.

Assessment (CHECK ✓ ALL THAT APPLY)

Test discontinued due to:

- ☐ Hair growth; beard, mustache, sideburns which cross respirator sealing surface,
☐ Difficulty breathing, or
☐ Comfort or Fit of respirator was unacceptable to employee.
Recommendation(s)

- ☒ Class I FVC - 75% or more; FEV1/FVC Ratio 70% or more (Refer to Guideline Chart)
☐ No Restrictions on Respirator Use
☐ Class II FVC 60%-70%; FEV1/FVC Ratio 60%-70% of Predicted (Refer to Guideline Chart)
☐ Some specific restrictions on respirator use:
☐ Class III FVC 50%-60%; FEV1/FVC Ratio 50%-60% of Predicted (Refer to Guideline Chart)
☐ Respirator use not permitted
☐ Further testing required:
☐ Subject to return after facial hair is removed for completion of Assessment by
☐ Subject is to be given the opportunity to select another type of respirator and return for assessment by

Dr. R. R. R.
Physician's Signature

Jennifer Riggins, PAC

Physician's Name (Print)

This record is to be maintained by the employer in accordance with 29 CFR 1910.134 Paragraph (m) (2)(i)(A) - (E).
Re-testing must occur ANNUALLY as long as the employee is required to wear a respirator.

RESPIRATOR FIT CERTIFICATION

NAME (b) (6)
 SSN (b) (6) NEXT TEST DUE
 EMPLOYER C.E.S. Environmental
 FULL FACE HALF FACE FULL FACE HALF FACE FULL FACE HALF FACE
 MAKE/MODEL 3M 3M 3M 3M 3M 3M
 SIZE MED SIZE MED SIZE
 APPROVAL APPROVAL APPROVAL
 TEST OPERATOR 1070 FIT FACTOR 1057 DATE ISSUED 8-17-07

Physical Exam

SSN: (b) (6)

Date: 08/17/2007

EXAM
Weight: 132 Temperature: 99.4° Vision: Uncorrected Corrected
Resting 114/64 Pulse 72 Repeat B/P _____ Near Rt 120/30 Near Rt _____
2 min of ex) _____ Pulse _____ Lt _____
Respirations/min _____ Distant Rt 120/25 Distant Rt _____
Hearing to forced whisper @ 5 feet Rt 5 Lt 8 Color (NL) AB
NL AB
Depth Perception
NL AB

HEENT

Eyes

Globe (NL) AB
Pupils (NL) AB
EOM's (NL) AB
Funduscopy NL AB
Ocular Pressure:
Rt NL AB
Lt NL AB

Ears

Canal Clear (Y) N
TM Visualized (Y) N
Scarring of TM (N) Y
Drainage (N) Y

Nose

(NL) AB

Mouth

Teeth (NL) AB
Throat (NL) AB

Skin (NL) AB

Neck (NL) AB

Thyroid (NL) AB

Chest Wall (NL) AB

Lungs (NL) AB

Heart

Rhythm (NL) AB

Auscultation (NL) AB

Abdomen (NL) AB

Abd. surg. scar (N) Y

Hernia

Umbilical (N) Y

Inguinal (N) Y

Femoral (N) Y

Varicocele (N) Y

Upper Extremity (NL) AB

Hands/Fingers (NL) AB

Legs (NL) AB

Knees (NL) AB

Knee surg. scar (N) Y

Feet/ankles (NL) AB

Varicosities (NL) AB

Up. ext. strength (NL) AB

Up. ext. ROM (NL) AB

Low. ext. strength (NL) AB

Low. ext. ROM (NL) AB

Back/spine ROM (NL) AB

Back surg. scar (N) Y

Neurological Exam:

Cran. nerves 2-12: (NL) AB

Reflexes

Babinski (NL) AB

Romberg (NEG) POS

Pupillary Rt (NL) AB

Lt (NL) AB

Accom. Rt (NL) AB

Lt (NL) AB

Biceps Rt (NL) AB

Lt (NL) AB

Knee Rt (NL) AB

Lt (NL) AB

Ankle Rt (NL) AB

Lt (NL) AB

Proprioception

Up. Ext. Rt (NL) AB

Lt (NL) AB

Low. Ext. Rt (NL) AB

Lt (NL) AB

Sensory Examination:

Up. Ext. Rt (NL) AB

Lt (NL) AB

Low. Ext. Rt (NL) AB

Lt (NL) AB

OPTIONAL:

Genitalia (NL) AB

Breast (NL) AB

Rectal (NL) AB

Comments:

ANCILLARY STUDIES

Urinalysis Spec. Gravity: 1.015 Albumin neg Sugar neg Blood neg

EKG N/A NL AB See Results HPE NL AB

Comments:

Lumbar X-Ray N/A NL AB See Results

Comments:

Chest X-Ray N/A NL AB See Results

Comments:

Blood Analysis N/A NL AB See Results

Comments:

Audiogram N/A NL AB See Results

Comments:

Pulmonary Function Test:

FEV1 ___ FVC ___ FEV1/FVC ___

Respirator Qualified? Y N

Comments:

Impairment Rating:

Comments:

SSN: (b) (6)

Date: 08/17/2007

Examination Results

perform essential functions as listed.

able to perform all essential functions as listed. Please list failed essential function(s):

☒ No medical restrictions are indicated.

☐ The following medical restrictions are indicated:

☐ Recommend further evaluation.

Remarks:

Jennifer Riggins, PAC

Provider Print Name Here

J. Riggins PAC
Provider Signature

08/17/2007

LAST NAME (b) (6)

FIRST NAME (b) (6)

FIT TEST REPORT

ID NUMBER 557452211

LAST NAME (b) (6)

CUSTOM1

FIRST NAME (b) (6)

CUSTOM2

COMPANY CES ENVIRONMENTAL

CUSTOM3

LOCATION HOUSTON, TX

CUSTOM4

NOTE

TEST DATE 08/17/2007

PORTACOUNT S/N 16663

TEST TIME 15:01

N95-COMPANION N

DUE DATE 08/17/2008

RESPIRATOR 3M 7800 FULL FACE [500]
MANUFACTURER 3M

PROTOCOL OSHA 29CFR1910.134
PASS LEVEL 500

MODEL 7800

MASK STYLE FULL FACE

APPROVAL

MASK SIZE MEDIUM

EFFICIENCY <99% N


<u>EXERCISE</u>	<u>DURATION (sec)</u>	<u>FIT FACTOR</u>	<u>PASS</u>
NORMAL BREATHING	60	441	N
DEEP BREATHING	60	681	Y
HEAD SIDE TO SIDE	60	612	Y
HEAD UP AND DOWN	60	731	Y
TALKING	60	814	Y
GRIMACE	15	Excl.	
BENDING OVER	60	709	Y
NORMAL BREATHING	60	789	Y

OVERALL FIT FACTOR

657

Y

FITTEST OPERATOR


D. CORBETT

DATE

NAME

(b) (6) (b) (6)

DATE





4904 Griggs Road
Houston, TX 77021
Phone: (713) 676-1460
Fax: (713) 676-1676

Fax

To: *Texas Mutual* **From:** **Prabhakar R. Thangudu**
Mobile: **(281) 433-9792**

Fax: *512-224-3889* **Pages:** *3*

Phone: **Date:** *03-06-2008*

Gentlemen :

DWC Form 1

Employee: CALDERON

Social Sec #

(b) (6)

(b) (6)

*Please let me know if you need additional
information*

Thanks,

Prabhakar

Send the specified copies to your
Workers' Compensation Insurance Carrier
and the injured employee.

*Employers - Do not send this form to the
Texas Department of Insurance, Division of Workers' Compensation,
Unless the Division specifically requests a direct filing.

CLAIM # _____

CARRIER'S CLAIM # _____

EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS

1. Name (Last, First, M.I.) (b) (6)		2. Sex F <input type="checkbox"/> M <input checked="" type="checkbox"/>		15. Date of Injury (m-d-y) 03-05-2008		16. Time of Injury am <input type="checkbox"/> pm <input checked="" type="checkbox"/>		17. Date Lost Time Began (m-d-y) NA	
3. Social Security Number (b) (6)		4. Home Phone		5. Date of Birth (m-d-y)		18. Nature of Injury* Dizziness		19. Part of Body Injured or Exposed* Became dizzy	
6. Does the Employee Speak English? If No, Specify Language YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				20. How and Why Injury/Illness Occurred* Became dizzy while working in the tank					
7. Race White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/>		8. Ethnicity Hispanic <input checked="" type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/>		21. Was employee doing his regular job? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		22. Worksite Location of Injury (stairs, dock, etc.)* Iso container			
9. Mailing Address - Street or P.O. Box (b) (6)				23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site 4904 Griggs Road Street or P.O. Box _____ County _____					
City Pasadena		State TX		Zip Code 77505		County Harris		24. Cause of Injury (fall, tool, machine, etc.)* Became dizzy	
10. Marital Status Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>		11. Number of Dependent Children 1		12. Spouse's Name (b) (6)		25. List Witnesses			
13. Doctor's Name				26. Return to work date/or expected (m-d-y) 03-07-2008					
14. Doctor's Mailing Address (Street or P.O. Box)				27. Did employee die? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		28. Supervisor's Name Martin Moser		29. Date Reported (m-d-y) 03-06-2008	
City		State		Zip Code					
30. Date of Hire (m-d-y) 08-08-2007		31. Was employee hired or recruited in Texas? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		32. Length of Service in Current Position Months 6 Years 0		33. Length of Service in Occupation Months _____ Years 2			
34. Employee Payroll Classification Code		35. Occupation of Injured Worker HELPER							
36. Rate of Pay at this Job \$(b) (6) Hourly \$ _____ Weekly		37. Full Work Week is: 40 Hours _____ Days		38. Last Paycheck was: \$(b) (6) for 59 Hours or _____ Days		39. Is employee an Owner, Partner, or Corporate Officer? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
40. Name and Title of Person Completing Form PRABHAKAR R. THANGUDU, HSE MANAGER				41. Name of Business CES Environmental Services, Inc					
42. Business Mailing Address and Telephone Number Street or P.O. Box 4904 Griggs Road City Houston State TX Zip Code 77021 Telephone (713) 676-1460				43. Business Location (If different from mailing address) Number and Street City _____ State _____ Zip Code _____					
44. Federal Tax Identification Number (b) (6)		45. Primary North American Industry Classification System Code (6 digit) 562219		46. Specific NAICS Code (6 digit) 562219		47. Texas Comptroller Taxpayer No. (b) (6)			
48. Workers' Compensation Insurance Company TEXAS MUTUAL				49. Policy Number TSF 0001086044					
50. Did you request accident prevention services in past 12 months? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If yes, did you receive them? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>									
51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING) X <u>Prabha Thangudu</u> Date 3-6-08									



Employee Acknowledgment of Workers' Compensation Network

I have received information that tells me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this information, I understand that:

1. I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual at (800) 859-5995, extension 2880 to notify them of my choice.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.
5. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and or imprisonment.

(b) (6)

8-16-07
Date

Printed Name

I live at:

(b) (6)

Street Address

PASADENA
City

TX
State

77505
Zip Code

Name of Employer: CES Environmental Services, Inc

Name of Network: Texas Star Network_{SM}

Network service areas are subject to change.

Call (800) 381-8067 if you need a network treating provider.

Please indicate whether this is the:

☒ Initial Employee Notification

☒ Injury Notification (Date of Injury: 03/05/2008)

**DO NOT RETURN THIS FORM TO TEXAS MUTUAL
INSURANCE COMPANY UNLESS REQUESTED**

***** -IND. XMT JOURNAL- ***** DATE MAR-06-2008 ***** TIME 16:35 *****

DATE/TIME = MAR-06-2008 16:33
JOURNAL No. = 035
COMM. RESULT = OK
PAGE(S) = 003
DURATION = 00:01:12
FILE No. = 800
MODE = MEMORY TRANSMISSION
DESTINATION = 15122243889
RECEIVED ID =
RESOLUTION = STD

-CES Environmental Service-

***** DP-3010 ***** -

- ***** - 713 676 1676- *****

EPAHO043000421

Accident

(b) (6)

3-4-08

3-25-08

David recommended this driver in Virginia.
Gave the info to Chad Bigham at
Ins Alliana. Also spoke to Mike
Hampton at ALG 515-221-6886 and
gave him all the info.

DRIVER										Driver Fled Scene <input type="radio"/>	
Driver's Name (Last, First, Middle) (b) (6)								Gender		<input checked="" type="radio"/> M <input type="radio"/> F	
Address (b) (6)											
City Kingsport								State TN		ZIP 37664	
Birth Date (b) (6)								State TN		DL <input checked="" type="radio"/> N <input type="radio"/> Y <input type="radio"/> CDL <input type="radio"/> N <input type="radio"/> Y	
Safety Equip. Used 3		Air Bag 2		Ejected 1		State of Death MM DO YYYY		Injury Type 5		EMS Transport <input checked="" type="radio"/> Y <input type="radio"/> N	
Spencer's Estimated Age 2		Offenses Charged to Driver									

VEHICLE										Same as Driver <input checked="" type="radio"/>	
Vehicle Owner's Name (Last, First, Middle) (b) (6)											
Address (b) (6)											
City Kingsport								State TN		ZIP 37664	
Vehicle 2000		Vehicle Make Chevy		Vehicle Model 1500		Checked <input type="radio"/>		GVV <input type="radio"/>		Towed <input type="radio"/>	
VIN DV8384								State TN		Approximate Repair Cost \$50.00	
VIN (b) (6)								<input type="radio"/> Overhead <input type="radio"/> Cargo Light <input type="radio"/> Overhead <input type="radio"/> Motorcycle			
Name of Insurance Company (not agent) Auto-Owners Insurance Co.											
Special Notice Check											

Chiswell, VA
David reentered this
Thiell Can
SA: Thiell
PA + 1
March 4 PM
Virginia
Feb 7
March 4, 10 AM
Chiswell, VA
Unit 296
Boston

ALG: Mike Hampton
515-221-6886

David Vandenberg

accident

3-20-08

Spoke to Mike

him IDv

**AIG Domestic Claims, Inc.****Property/Casualty Division**

P.O. Box 25588

Shawnee Mission, KS 66225

(800) 242-2921

(all other) Fax (866) 723-0109

(new losses) Fax (866) 854-4926

MAR 24 2008

**AUTOMOBILE LIABILITY
NEW CLAIM ACKNOWLEDGEMENT**

March 19, 2008

CES ENVIRONMENTAL SERVICES INC
4904 GRIGGS RD
HOUSTON, TX 77021
Attn : RISK MANAGEMENT / CLAIMS

RE: Insured : CES ENVIRONMENTAL SERVICES INC
Carrier : Commerce & Industry
Date of Loss : 03/04/2008 Date Reported : 03/17/2008
Claim Number : 684-223462 Date Received : 03/17/2008

This letter will confirm receipt of the above referenced claim.

ADDITIONAL CLAIM INFORMATION:

Policy Number : 005062132
Loss Location : I81 NORTH RT 99 UNKNOWN,VA
Description of Loss : VEH1 HAD TO SLOW DOWN DUE TO PREVIOUS ACCIDENT / RAIN / INS VEH
REAR ENDED VEH1
Insured Driver : (b) (6)

RISK ANALYSIS INFORMATION:

Level 1:	
Level 2:	
Level 3:	
Level 4:	
Level 5:	
Level 6:	

CLAIMANT INFORMATION:

Symbol	Name	MJC
001	(b) (6)	006
002	(b) (6)	006
003	(b) (6)	007
004	CES ENVIRONMENTAL SERVICES INC	009

If you have any comments or questions, please feel free to contact me. Kindly refer to the above claim number on any correspondence.

Sincerely,
MICHAEL HAMPTON
FAST TRACK REP
250-PC DES MOINES, IA
(515) 221-6886
michael.hampton@aig.com
Original

EPAHO043000427

**AIG Domestic Claims, Inc.****Property/Casualty Division**

P.O. Box 25588

Shawnee Mission, KS 66225

(800) 242-2921

(all other) Fax (866) 723-0109

(new losses) Fax (866) 854-4926

**AUTOMOBILE LIABILITY
CLOSED CLAIM NOTICE**

January 28, 2009

CES ENVIRONMENTAL SERVICES INC
4904 GRIGGS RD
HOUSTON, TX 77021
Attn : RISK MANAGEMENT / CLAIMS

RECEIVED

RE: Insured : CES ENVIRONMENTAL SERVICES INC
Carrier : Commerce & Industry
Date of Loss : 03/04/2008 Date Reported : 03/17/2008
Claim Number : 684-223462 Date Received : 03/17/2008

The above captioned claim has been closed. The following amounts were paid on the claim:

Symbol	Claimant	MJC	Indemnity	Medical	Legal
001	(b) (6)	006	\$1,000.00		\$90.35
002	(b) (6)	006	\$15,000.00		
003	(b) (6)	007	\$2,714.01		\$84.00
004	CES ENVIRONMENTAL SERVICES INC	009			

ADDITIONAL CLAIM INFORMATION:

Policy Number : 005062132
Loss Location : I81 NORTH RT 99 UNKNOWN, VA
Description of Loss : VEH1 HAD TO SLOW DOWN DUE TO PREVIOUS ACCIDENT / RAIN / INS VEH
REAR ENDED VEH1
Insured Driver : (b) (6)

RISK ANALYSIS INFORMATION:

Level 1:	
Level 2:	
Level 3:	
Level 4:	
Level 5:	
Level 6:	

Thank you for allowing us to serve you on this claim. Please contact me if you have any questions or comments.

Sincerely,
MICHAEL HAMPTON
CASUALTY SPECIALIST
250-DES MOINES, IA - PROPERTY/CASUALTY
(515) 221-6886
michael.hampton@aig.com
Original

EPAHO043000428

(b) (6)

Accident 1-24-08

Accident 1-24-08

2-7-08
Michelle Gattlin
New Claim Person
713-316-2120

TEXAS Mutual Claim #
99J0000517921

Texas Mutual Contact - Marilyn Royer
713-316-2105
FAX 713-316-2191

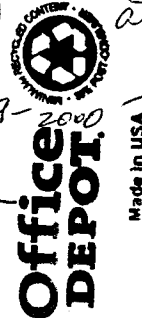
Pg 2 - DWIC-3 Wage Statement to Agency 1-31-08
For last 13 wks hours + Earnings

FAX - Employee Acknowledgement
Customer INFO - Rain for Rent

2-1-08 Report return to work status to Marilyn/Phillip
- 877-605-0005

2-4-08 Cynthia P called from, Dr. Rector's office
+713-650-6900
[Attending Physician (Ortho) at TX Med Ctr]
+
Dr. Allan Rector 281-829-2000 - 206

Gloria: 888-252-5075
Took Ex 2224



With Coventry - does medical for Texas Mutual

~~Jan 31st released to~~ (no use of left hand)
Released Jan 31 with restrictions to last through
2-15-08

faxed 5-29-08 to Tx Mutual

TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION STATEMENT OF PHARMACY SERVICES

Send this form to the injured employee's workers' compensation insurance carrier.

Coverage Verification

☒ In accordance with Rule 134.501, I affirm that I have verified the workers' compensation insurance coverage for this employer, confirmed that a work-related injury of the employee named below has been reported to the employer for the listed date of injury, and have kept documentation regarding the means of verification/confirmation on file. (See DCW FORM-66 instructions for the Verification Statement.)

Section 1

1. Pharmacy's Name, Address, and Phone #: EXPRESS DRUGS 10909 I 10 EAST FRWY HOUSTON, TX 77015 Phone (713) 673-6060 Fax (713) 673-5646			2. Date of Billing: 05/07/08		
4. Remit Payment To (if different from above): THIRD PARTY SOLUTIONS, INC. P.O. BOX 504591 ST. LOUIS, MO 63150-4591			3. Pharmacy's NCPDP #: (NPI #): 4592968 1750376257		
7. Carrier's Name and Address: TEXAS MUTUAL INS CO/TX W/C INS FUND PO BOX 12029 AUSTIN, TX 78711-2029			5. Invoice #: 25475613		
8. Employer's Name, Address, and Phone #: CES ENVIRONMENTAL 4904 GRIGGS RD HOUSTON, TX 77021-3208 (713) 676-1460			6. Payee's FEIN: 62-1770924		
9. Injured Employee's Name, Address, and Phone #: (b) (6)			15. Prescribing Doctor's Name, Address, and Phone #: KHAN RASHID MD CONCENTRA FACILITY 10909 I-10 EAST FREEWAY HOUSTON, TX 77029 (713) 686-4868		
10a. Injured Employee's ID # (b) (6)	10b. ID Jurisdiction U.S.	10c. <input checked="" type="checkbox"/> SSN <input type="checkbox"/> DL# <input type="checkbox"/> Passport <input type="checkbox"/> Visa <input type="checkbox"/> Green Card	16. Prescribing Doctor's DEA#: (NPI #): BK3744097		
11. DOL: 04/22/08	12. DOB: (b) (6)	13. Claim # (if known):	14. Carrier's Claim # (if known):		

Section 2

17. <input checked="" type="checkbox"/> Generic Dispensed <input type="checkbox"/> Name Brand Dispensed		18. Generic Available? <input type="checkbox"/> YES <input type="checkbox"/> NO		19. <input type="checkbox"/> Dispensed as Written <input type="checkbox"/> Dispensed per Injured Employee request	
20. Date filled: 04/24/08	21. Generic NDC: 6314063006	22. Name Brand NDC:	23. Quantity: 5.000	24. Days Supply: 2	25. Refills Remaining: 0
27. Drug Name and Strength: NEO/POLY/DEX SUS 0.1% OP		28. Rx #: 0032237		29. Amount Billed: 14.00	
17. <input checked="" type="checkbox"/> Generic Dispensed <input type="checkbox"/> Name Brand Dispensed		18. Generic Available? <input type="checkbox"/> YES <input type="checkbox"/> NO		19. <input type="checkbox"/> Dispensed as Written <input type="checkbox"/> Dispensed per Injured Employee request	
20. Date filled: 04/24/08	21. Generic NDC: 00093101042	22. Name Brand NDC:	23. Quantity: 22.000	24. Days Supply: 2	25. Refills Remaining: 0
27. Drug Name and Strength: MUIPIROCIN 0IN 2%		28. Rx #: 0032238		29. Amount Billed: 57.44	
17. <input type="checkbox"/> Generic Dispensed <input type="checkbox"/> Name Brand Dispensed		18. Generic Available? <input type="checkbox"/> YES <input type="checkbox"/> NO		19. <input type="checkbox"/> Dispensed as Written <input type="checkbox"/> Dispensed per Injured Employee request	
20. Date filled:	21. Generic NDC:	22. Name Brand NDC:	23. Quantity:	24. Days Supply:	25. Refills Remaining:
27. Drug Name and Strength:		28. Rx #:		29. Amount Billed:	



INVOICE # 25475613 TOTAL 71.44



4904 Griggs Road
Houston, TX 77021
Phone: (713) 676-1460
Fax: (713) 676-1676

Memory
108
5-29-08

Fax

To: Michele Gatlin

From: Prabhakar R. Thangudu
Mobile: (281) 433-9792

Fax: 512-224-3889

Pages:

Phone:

Date: 5-29-08

Michele:

RE: 99J0000517921

Here is a bill for this claim. Please call me
if you have any questions.

Thanks,
Roben

Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation and may be entitled to certain medical and income benefits. For further information call your local Division field office or 1(800)-252-7031.



Empleado - Es necesario que reporte su lesión a su empleador dentro de 30 días a partir de la fecha en que se lesionó si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte de la División de Compensación para Trabajadores, y también puede tener derecho a ciertos beneficios médicos y monetarios. Para mayor información comuníquese con la oficina local de la División al teléfono 1-800-252-7031.

TEXAS WORKERS' COMPENSATION WORK STATUS REPORT

PART I: GENERAL INFORMATION		5. Doctor's Name and Degree DAVID C. RANDALL MD	(for transmission purposes only)	Date Being Sent MAR 31 2008
1. (b) (6)	6. Clinic/Facility Name EAST HOUSTON ORTHOPEDICS	9. Employer's Name CES Environmental		
2. Date of Injury 1-24-08	7. Clinic/Facility/Doctor Phone & Fax 7-453-6909 / 7-453-7627	10. Employer's Fax # or Email Address (if known) 713 676 1676		
3. Employee's Description of Injury/Accident Left forearm off	8. Clinic/Facility/Doctor Address (street address) 12930 EAST FREEWAY	11. Insurance Carrier Wear Mutual		
	City State Zip HOUSTON, TEXAS 77015	12. Carrier's Fax # or Email Address (if known) 512 324-3889		

PART II: WORK STATUS INFORMATION (FULLY COMPLETE ONE INCLUDING ESTIMATED DATES AND DESCRIPTION IN 13(c) AS APPLICABLE)

13. The injured employee's medical condition resulting from the workers' compensation injury:
- ☐ (a) will allow the employee to return to work as of _____ (date) without restrictions.
- ☒ (b) will allow the employee to return to work as of 3/31/08 (date) with the restrictions identified in PART III, which are expected to last through _____ (date).
- ☐ (c) has prevented and still prevents the employee from returning to work as of _____ (date) and is expected to continue through _____ (date). The following describes how this injury prevents the employee from returning to work:

PART III: ACTIVITY RESTRICTIONS (ONLY COMPLETE IF BOX 13(b) IS CHECKED)

14. POSTURE RESTRICTIONS (if any): Max Hours per day: 0 2 4 6 8 Other _____ Standing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Kneeling/Squatting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Bending/Stooping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Pushing/Pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____		17. MOTION RESTRICTIONS (if any): Max Hours per day: 0 2 4 6 8 Other _____ Walking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Climbing stairs/ladders <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Grasping/Squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Overhead Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____		19. MISC. RESTRICTIONS (if any): <input type="checkbox"/> Max hours per day of work: _____ <input type="checkbox"/> Sit/Stretch breaks of _____ per _____ <input type="checkbox"/> Must wear splint/cast at work <input type="checkbox"/> Must use crutches at all times <input type="checkbox"/> No driving/operating heavy equipment <input type="checkbox"/> Can only drive automatic transmission <input type="checkbox"/> No work / <input type="checkbox"/> _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding <input type="checkbox"/> Must keep _____ <input type="checkbox"/> Elevated <input type="checkbox"/> Clean & Dry <input type="checkbox"/> No skin contact with: _____ <input type="checkbox"/> Dressing changes necessary at work <input type="checkbox"/> No Running	
15. RESTRICTIONS SPECIFIC TO (if applicable): <input checked="" type="checkbox"/> L Hand/Wrist <input type="checkbox"/> R Hand/Wrist <input checked="" type="checkbox"/> L Arm <input type="checkbox"/> R Arm <input type="checkbox"/> Neck <input type="checkbox"/> L Leg <input type="checkbox"/> R Leg <input type="checkbox"/> Back <input type="checkbox"/> L Foot/Ankle <input type="checkbox"/> R Foot/Ankle <input type="checkbox"/> Other: _____		18. LIFT/CARRY RESTRICTIONS (if any): <input checked="" type="checkbox"/> May not lift/carry objects more than <u>10</u> lbs. for more than <u>6</u> hours per day <input type="checkbox"/> May not perform any lifting/carrying <input type="checkbox"/> Other: _____		20. MEDICATION RESTRICTIONS (if any): <input type="checkbox"/> Must take prescription medication(s) <input type="checkbox"/> Advised to take over-the-counter meds <input type="checkbox"/> Medication may make drowsy (possible Safety/driving issues)	
16. OTHER RESTRICTIONS (if any): _____ _____ _____ * These restrictions are based on the doctor's best understanding of the employee's essential job functions. If a particular restriction does not apply, it should be disregarded. If modified duty that meets these restrictions is not available, the patient should be considered to be off work. Note - these restrictions should be followed outside of work as well as at work.					

PART IV: TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION

21. Work Injury Diagnosis Information: _____ _____ _____		22. Expected Follow-up Services Include: <input checked="" type="checkbox"/> Evaluation by the treating doctor on <u>4-30-08</u> (date) at <u>2:10</u> am/pm <input type="checkbox"/> Referral to/Consult with _____ on _____ (date) at _____ : _____ am/pm <input type="checkbox"/> Physical medicine <input checked="" type="checkbox"/> X per week for _____ weeks starting on _____ (date) at _____ : _____ am/pm <input type="checkbox"/> Special studies (list): _____ on _____ (date) at _____ : _____ am/pm <input type="checkbox"/> None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.	
Date / Time of Visit <u>3-31-08</u> Discharge Time <u>3:47pm</u>	EMPLOYEE'S SIGNATURE (b) (6)	DOCTOR'S SIGNATURE 	Visit Type: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up Role of Doctor: <input type="checkbox"/> Designated doctor <input type="checkbox"/> Carrier-selected RME <input type="checkbox"/> DWC-selected RME <input checked="" type="checkbox"/> Treating doctor <input type="checkbox"/> Referral doctor <input type="checkbox"/> Consulting doctor <input type="checkbox"/> Other doctor



INCIDENT REPORT

Near Miss

Accident XXX

Date of Incident 1/24/2008 Time ~11:30 a. m.

Result of Incident: Lost Time Accident

- 1) ☐ Fire 2) ☐ Explosion 3) Equipment Damage 4) Property Damage XXX
5) ☐ Product Loss 6) Production Loss 7) Employee Endangerment XXX
8) ☐ Other _____

Person(s) Directly Involved

Name: (b) (6)

Exact Location Where Incident Occurred: Tank Wash Bay One

Describe Fully How Incident Occurred: Statement from (b) (6): On January 24, 2008 at ~ 11:30 am, I was cleaning a customer tank related to CES Tank Wash Order 19375. The tank was a polypropylene tank which belongs to Rain for Rent, a CES Environmental Services customer. As I was cleaning the tank, the ladder which was attached to the tank broke, which caused me to fall 9 or 10 feet to the pavement.

I experienced pain in my hip, my wrist and my hand. CES Environmental Services, Inc. personnel came to my aid. 911 were contacted and an ambulance was dispatched to the work site. After being examined and questioned by the paramedics, I was loaded onto a board, then a stretcher and was transported to the hospital.

What Unsafe Acts/Conditions Lead to Incident: The tank and ladder were not inspected prior to being shipped to the CES Environmental Services, Inc. site for cleaning. No documented notification of any deficiencies were communicated prior to beginning of the tank cleaning.

Recommendations to Prevent Reoccurrence: CES Environmental Services, Inc. will require the customer to perform inspections of ladders attached to its tanks prior to shipment to the CES site and indicate on the delivery ticket such inspections were completed and any findings.

Damage estimates:

- Ambulance and medical costs for transport and treatment of (b) (6) are not known at this time.
- Cost to repair ladder by customer also not known at this time.

Total expenses = \$

Witnesses: Name: _____ Name _____

Name _____ Name _____

Attachments: Copy of CES Tank Wash Work Order # 19375
10 Photos of tank and work area

Prepared by: Karl A. Guidry Title: CES Environmental EHS Manager Initials KAG

Approved by: Marlin Moser Title: Vice President Operations Initials MM

CES Environmental Services

Container / Tank Cleaning Division

4904 Griggs Rd. • Houston, TX 77021

Phone: (713) 676-1460 • Fax: (713) 676-1676

TANK WASH WORK ORDER**19375**

PO #	Customer: <u>Rain for Rent</u>	Date: <u>1-23-08</u>
Tractor <u>1085</u>	Address:	Time:
Trailer / Container Number <u>245011</u>	Dropped By: <u>PAT MARTINEZ</u>	Need By:

CONTAINER TYPE: ☐ TOTE BIN ☐ ROLL DOOR BOX ☐ ISO CONTAINER ☐ DRY BULK
☐ TANK TRAILER ☐ ROLL TARP BOX ☐ VACUUM BOX ☐ FRAC TANK ☒ POLY TANK ☐ VACUUM TRUCK

Compartment #	Last Contained	Heel - Hazardous	Heel - Non-Haz	Drum / Rolloff
1	<u>Less 3% neutralized</u>			
2	<u>Citric acid</u>			
3				
4				
5				

CLEANING CODES	WORK PERFORMED	TANK ENTRY PERMIT
1 Air Dry		Oxygen (19.5% -23.5%) #1 <u>100</u> #2 <u>100</u> #3 <u>100</u> #4 <u>100</u> #5 <u>100</u>
2 Quick Rinse		LEL (<10%) #1 <u>100</u> #2 <u>100</u> #3 <u>100</u> #4 <u>100</u> #5 <u>100</u>
3 Cold Water Rinse		CO ² (<35 ppm) #1 <u>100</u> #2 <u>100</u> #3 <u>100</u> #4 <u>100</u> #5 <u>100</u>
4 Hot Water Rinse		Toxic Vapor #1 <u>100</u> #2 <u>100</u> #3 <u>100</u> #4 <u>100</u> #5 <u>100</u>
5 Steam Only (Per Hour)		Signature: <u>[Signature]</u>
6 Steam & Dry		Stripper Usage:
7 Rinse, Steam & Dry		
8 Detergent Wash, Rinse & Dry		Comments:
9 Caustic Wash & Dry		
10 Caustic Wash, Rinse & Dry		
11 Waste Water Surcharge		
12 Solvent Wash (Diesel # Hours)		
13 Solvent Wash (Stripper)		
14 Exterior Tractor Wash		
15 Exterior Trailer Wash (w/o Internal)		
16 Exterior Trailer Wash (with Internal)		
17 Exterior Acid Brite Wash		Authorized Additional Services:
18 Hand Labor (# Men / # Hours)		
19 Hydroblaster (# Hours)		
20 Solvent Wash (Green Stripper)		
21 Passivation		
Hose Cleaning		
Pump Cleaning		

Cleaned By: [Signature] Date 1/24/08

Inspected By: _____ Date _____

CES Environmental Services, Inc., Cleaning Division, makes no guarantees with respect to the thoroughness of the tank washing procedure or the total elimination of interior residues and/or moisture. Final inspection of the equipment remains the responsibility of the customer, and they hereby release CES Environmental Services, Inc., Cleaning Division, from any responsibility for claims arising from any allegations that the equipment was improperly cleaned, resulting in damage or loss.

CES Environmental Services, Inc., Cleaning Division, is in no manner responsible for any damages or losses of equipment and/or materials left in their yard.

Print Name: PAT MARTINEZ Date 1-23-08Signature: [Signature]**EPAHO043000436**





EPAHQ043000438



EPAHO043000439



EPAHO043000440





EPAHO043000442



4904 Griggs Road
Houston, TX 77021
Phone: (713) 676-1460
Fax: (713) 676-1676

Fax

memory for
204
1-29-08

To: Brenda

From: Prabhakar R. Thangudu
Mobile: (281) 433-9792

Fax: 512-224-2997

Pages:

Phone:

Date:

1-29-08

Brenda:

Thanks for the information.

Injured worker:

(b) (6)

↓
Last name

SS #

(b) (6)

Date of injury

1-24-08

Please call me @ 281-433-9792

Thanks
Prabhakar

MEMORIAL HERMANN

Breakthroughs every day

Occupational Medicine Services

ALL DRUG SCREEN RESULTS WILL BE CALLED TO THE DESIGNATED
EMPLOYER REPRESENTATIVE
THEN THE RESULTS WILL BE FAXED OR MAILED

Address: 6411 Fannin, Suite H 1.21, Houston, Texas 77030-1501

Phone: Facilitator (24 hours) 713-704-3100, Manager (Bill Boras) 713-704-5840

Fax: 713-704-4445

www.memorialhermann.org

Name: HSE Manager Faxed / Mailed To:
Organization: CES Environmental Services
Address: 4904 Grigg Rd HSE, TX 77024
Phone: 713 832 2870 862 Fax: 713 676 1676

- Urgent
- For Review
- Please Comment
- Please Reply

Date sent: 1-28-08

Time sent: 1000

Number of pages including cover page: 2

Message: The attached are results for a drug screen collected at Memorial Hermann Hospital. Below is the patient's information.

Occupational Medicine Staff mailing results: GERI PARSONS

PATIENT: Name: (b) (6)



CES Environmental
Services, Inc.

4904 Griggs Road
Houston, TX 77021
Phone: (713) 676-1460
Fax: (713) 676-1676

Fax

memo for
204
1-29-08

To: Brenda

From: Prabhakar R. Thangudu
Mobile: (281) 433-9792

Fax: 512-224-2997

Pages:

Phone:

Date:

1-29-08

Brenda:

Thanks for the information.

Injured worker:

(b) (6)

↓
Last name

SS #

(b) (6)

Date of injury

1-24-08

Please call me @ 281-433-9792

Thanks
Prabhakar

EPAHO043000445

Send the specified copies to your
Workers' Compensation Insurance Carrier
 and the injured employee.
***Employers - Do not send this form to the
 Texas Workers' Compensation Commission,
 unless the Commission specifically requests
 a direct filing.**

TWCC CLAIM # _____

CARRIER'S CLAIM # _____

EMPLOYER'S FIRST REPORT OF INJURY OR ILLNESS

1. Name (Last, First, M.I.) (b) (6)		2. Sex <input type="checkbox"/> F <input checked="" type="checkbox"/> M	
3. Social Security No. (b) (6)	4. Home Phone	5. Date of Birth	
6. Does the Employee Speak English? If No, Specify Language <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
7. Race Hispanic	8. Ethnicity		
9. Mailing Address (Street or P.O. Box) (b) (6)			
City Houston	State TX	Zip 77028	County Harris
10. Marital Status: <u>MARRIED</u>			
11. Number of Dependent Children 2		12. Spouse's Name	
13. Doctor's Name: <u>MEMORIAL HERMANN HOSPITAL</u>			
14. Doctor's Mailing Address (Street or P.O. Box) 6411 FANNIN, Suite H 1.21			
City Houston	State TX	Zip 77030-1501	

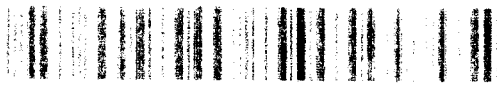
15. Date of Injury 1-24-08	16. Time of Injury ~ 11:30 am <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	17. Date Lost Time 1-25-08	
18. Nature of Injury* Fractured WRIST		19. Part of Body Injured or Exposed* Wrist	
20. How and Why Injury/Illness Occurred* Ladder Broke - Employee fell ~ 9 FEET			
23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site CES Environmental 4904 GRIGGS RD			
City Houston	State TX	Zip 77021	
24. Cause of Injury (fall, tool, machine, etc.)* Fall			
25. List Witnesses: NONE			
26. Return to work Date/or expected	27. Did employee die? NO	28. Super- visor's name MARLIN MOSEY	28. Date Reported

30. Date of Hire 05-30-2002	31. Was employee hired or recruited in Texas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	32. Length of Service in Current Position (mm/yy) 5YRS 7MOS	33. Length of Service in Occupation (mm/yy) 5YRS 7MOS
34. Employee Payroll Classification Code		35. Occupation of Injured Worker	
36. Rate of Pay at this job Hourly Weekly	37. Full Work Week is: Hours Days 40	38. Last Paycheck was: Hours Days	39. Is employee an Owner, Partner, or Corporate Officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
40. Name and Title of Person Completing Form KARL A. Guidry - HSE MANAGER		41. Name of Business CES Environmental Services, Inc	
42. Business Mailing Address and Telephone Number 4904 Griggs RD Tel No: 713-676-1460		43. Business Location (If different from mailing address) NA	
City Houston	State TX	City NA	State TX Zip 77021
44. Federal Tax Identification Number (b) (6)	45. Primary Standard Industrial Classification (SIC) Code* (4 digit) 562219	46. Specific SIC Code* (4 digit) 562219	47. Texas Comptroller Tax payer No.
48. Workers' Compensation Insurance Company TEXAS Mutual		49. Policy Number TSF0001086044	
50. Did you request accident prevention services in past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, did you receive them? <input type="checkbox"/> Yes <input type="checkbox"/> No			
51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING) X <u>Karl A. Guidry HSE MANAGER</u>		Date <u>1-29-08</u>	

You may be entitled to know what information UT Arlington (UTA) collects concerning you. You may review and have UTA correct this information according to procedures set forth in UT System BPM #32. The law is found in sections 552.021, 552.23 and 559.004 of the Texas Government Code.

Continued on next page

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No. FORM ID: SAPN500020

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

E. Donor ID Verified:

☐ Photo ID

☒ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1)

☐ Random (3)

☐ Reasonable Suspicion/Cause (5)

☒ Post-Accident (2)

☐ Promotion (22)

☐ Return to Duty (6)

☐ Follow-up (23)

☐ Other (specify) (99)

G. Drug Tests to be Performed:

☒ 35190N SGP 10-50/2000 U/NIT

☐ 04400 ALCOHOL, ETHYL (8)

☐ 35105N SGP 5-50 U/NIT

☐ 5840N ALCOHOL, ETHYL (8)

H. Collection Site Name: Memorial Hermann INC

Collection Site Code:

Address: 6411 Fannin St

City, State and Zip: Houston TX 77030

Collector Phone No.: 7137043100

Collector Fax No.: 7137044445

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split

☒ Single

☐ None Provided (Enter Remark)

☐ Observed (Enter Remark)

REMARKS:

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

☒ [Signature]
Signature of Collector
[Print] Collector's Name (First, MI, Last)

14:25 AM PM
Time of Collection
1/24/08
Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier

☐ FedEx

☐ DHL / Airborne

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: ☒

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

☐ Yes

☐ No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

☒ [Signature]
Signature of Donor

Daytime Phone No.

Evening Phone No.

1/24/08
Date (Mo./Day/Yr.)

9/16/25
Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE

☐ POSITIVE

☐ TEST CANCELLED

☐ REFUSAL TO TEST BECAUSE:

☐ DILUTE

☐ ADULTERATED

☐ SUBSTITUTED

REMARKS:

☒

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED

☐ FAILED TO RECONFIRM - REASON

☒

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 2 - MEDICAL REVIEW OFFICER COPY

EPAHO043000447

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No. FORM ID: 10000002

C. Donor SSN or Employee I.D. No. (b) (6)

D. Donor Name: Last: (b) (6)

E. Donor ID Verified: ☐ Photo ID ☒ Emp. Rep.

F. Reason for Test: ☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☒ Post-Accident (2) ☐ Promotion (22)
☐ Return to Duty (6) ☐ Follow-up (23) ☐ Other (specify) (99)

G. Drug Tests to be Performed:

H. Collection Site Name:

Collection Site Code:

Address:

Collector Phone No.: 7137641101

City, State and Zip:

Collector Fax No.: 7137644441

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split ☒ Single ☐ None Provided (Enter Remark) ☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X [Signature]
Signature of Collector

11/12/08 AM
Time of Collection

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier ☐ FedEx
☐ DHL / Airborne ☐ Other
Name of Delivery Service Transferring Specimen to Lab

RECEIVED
AT LAB: X

Signature of Accessioner

Primary Specimen
Bottle Seal Intact

☐ Yes
☐ No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and number:

X [Signature]
Signature of Donor

(b) (6)

11/12/08
Date (Mo./Day/Yr.)

Daytime Phone No. ()

Evening Phone No. (b) (6)

Date of Birth

11/12/08
Mo. Day Yr.

MEMORIAL HERMANN

Breakthroughs every day

Occupational Medicine Services

ALL DRUG SCREEN RESULTS WILL BE CALLED TO THE DESIGNATED
EMPLOYER REPRESENTATIVE
THEN THE RESULTS WILL BE FAXED OR MAILED

Address: 6411 Fannin, Suite H 1.21, Houston, Texas 77030-1501

Phone: Facilitator (24 hours) 713-704-3100, Manager (Bill Boras) 713-704-5840

Fax: 713-704-4445

www.memorialhermann.org

Faxed / Mailed To:
Name: HSE Manager
Organization: CES Environmental Services
Address: 4904 Griggo Rd Hst, TX 7704
Phone: 713 832-2870 862 Fax: 713 676-1676

- Urgent
- For Review
- Please Comment
- Please Reply

Date sent: 1-28-08

Time sent: 1000

Number of pages including cover page: 2

Message: The attached are results for a drug screen collected at Memorial Hermann Hospital. Below is the patient's information.

Occupational Medicine Staff mailing results: GERI PARSONS

PATIENT: Name: (b) (6)
Date of Drug Screen: 1-24-08 SS #: U OR Date of Birth: 9-6-75
Date of Reported: 1-28-08

Confidentiality Notice

WARNING: Unauthorized interception of this fax communication could be a violation of federal and state law. The documents accompanying this fax transmission may contain information that is legally privileged. The information is intended only for use by the recipient. You are hereby notified that any disclosure, copying, distribution, or taking of any action on the contents of this faxed information is strictly prohibited. If you have received this information in error, please immediately notify sender by telephone to arrange for the return of the original documents.



Send the specified copies to your
Workers' Compensation Insurance Carrier
 and the injured employee.
***Employers - Do not send this form to the
 Texas Workers' Compensation Commission,
 unless the Commission specifically requests
 a direct filing.**

TWCC CLAIM # _____

CARRIER'S CLAIM # 99J0000517921

EMPLOYER'S FIRST REPORT OF INJURY OR ILLNESS

1. Name (Last, First, M.I.) (b) (6)		2. Sex <input type="checkbox"/> F <input checked="" type="checkbox"/> M		15. Date of Injury 1-24-08		16. Time of Injury ~ 11:30 am <input checked="" type="checkbox"/> am <input type="checkbox"/> pm		17. Date Lost Time 1-25-08	
3. Social Security No. (b) (6)		4. Home Phone		5. Date of Birth		18. Nature of Injury* Fractured Wrist		19. Part of Body Injured or Exposed* Wrist	
6. Does the Employee Speak English? If No, Specify Language <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
7. Race Hispanic		8. Ethnicity							
9. Mailing Address Street or P.O. Box (b) (6)									
City Houston		State TX		Zip 77028		County Harris			
10. Marital Status: <u>MARRIED</u>									
11. Number of Dependent Children 2				12. Spouse's Name					
13. Doctor's Name: <u>MEMORIAL HERMANN HOSPITAL</u>									
14. Doctor's Mailing Address (Street or P.O.Box) 6411 FANNIN, Suite H 1.21									
City Houston		State TX		Zip 77030-1501					
30. Date of Hire 05-30-2002		31. Was employee hired or recruited in Texas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		32. Length of Service in Current Position (mm/yy) 5YRS 7mos		33. Length of Service in Occupation (mm/yy) 5YRS 7mos			
34. Employee Payroll Classification Code									
36. Rate of Pay at this job (b) (6) Weekly		37. Full Work Week is: Hours Days 40		38. Last Paycheck was: Hours Days 41.54		39. Is employee an Owner, Partner, or Corporate Officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
40. Name and Title of Person Completing Form KARL A. Guidry - HSE MANAGER				41. Name of Business CES Environmental Services, Inc					
42. Business Mailing Address and Telephone Number 4904 Griggs RD City Houston State TX Zip 77021 Tel No: 713-676-1460				43. Business Location (If different from mailing address) City NA State Zip					
44. Federal Tax Identification Number (b) (6)		45. Primary Standard Industrial Classification (SIC) Code* (4 digit) 562219		46. Specific SIC Code* (4 digit) 562219		47. Texas Comptroller Tax payer No.			
48. Workers' Compensation Insurance Company TEXAS Mutual				49. Policy Number TSF0001086044					
50. Did you request accident prevention services in past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, did you receive them? <input type="checkbox"/> Yes <input type="checkbox"/> No									
51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING) x <u>Karl A. Guidry HSE MANAGER</u>						Date <u>1-29-08</u>			

You may be entitled to know what information UT Arlington (UTA) collects concerning you. You may review and have UTA correct this information according to procedures set forth in UT System BPM #32. The law is found in sections 552.021, 552.-23 and 559.004 of the Texas Government Code.

Continued on next page

Marlin has original.
KAG
1-30-88

COPY



INCIDENT REPORT

Near Miss

Accident XXX

Date of Incident 1/24/2008 Time ~11:30 a. m.

Result of Incident: Lost Time Accident

- 1) ☐ Fire 2) ☐ Explosion 3) Equipment Damage 4) Property Damage XXX
5) ☐ Product Loss 6) Production Loss 7) Employee Endangerment XXX
8) ☐ Other _____

Person(s) Directly Involved

Name: (b) (6)

Exact Location Where Incident Occurred: Tank Wash Bay One

Describe Fully How Incident Occurred: Statement from (b) (6): On January 24, 2008 at ~ 11:30 am, I was cleaning a customer tank related to CES Tank Wash Order 19375. The tank was a polypropylene tank which belongs to Rain for Rent, a CES Environmental Services customer. As I was cleaning the tank, the ladder which was attached to the tank broke, which caused me to fall 9 or 10 feet to the pavement.

I experienced pain in my hip, my wrist and my hand. CES Environmental Services, Inc. personnel came to my aid. 911 were contacted and an ambulance was dispatched to the work site. After being examined and questioned by the paramedics, I was loaded onto a board, then a stretcher and was transported to the hospital.

What Unsafe Acts/Conditions Lead to Incident: The tank and ladder were not inspected prior to being shipped to the CES Environmental Services, Inc. site for cleaning. No documented notification of any deficiencies were communicated prior to beginning of the tank cleaning.

EPAHO043000451

Recommendations to Prevent Reoccurrence: CES Environmental Services, Inc. will require the customer to perform inspections of ladders attached to its tanks prior to shipment to the CES site and indicate on the delivery ticket such inspections were completed and any findings.

Damage estimates:

- Ambulance and medical costs for transport and treatment of (b) (6) are not known at this time.
- Cost to repair ladder by customer also not known at this time.

Total expenses = \$

Witnesses: Name: _____ Name _____

Name _____ Name _____

Attachments: Copy of CES Tank Wash Work Order # 19375
10 Photos of tank and work area

Prepared by: Karl A. Guidry Title: CES Environmental EHS Manager Initials KAG

Approved by: Marlin Moser Title: Vice President Operations Initials _____

CES Environmental Services

Container / Tank Cleaning Division
4904 Griggs Rd. • Houston, TX 77021
Phone: (713) 676-1460 • Fax: (713) 676-1676

TANK WASH WORK ORDER**19375**

PO #	Customer: <i>Rain for Rent</i>	Date: <i>1-23-08</i>
Tractor <i>1085</i>	Address:	Time:
Trailer / Container Number <i>245011</i>	Dropped By: <i>Pat Martinez</i>	Need By:

CONTAINER TYPE: ☐ TOTE BIN ☐ ROLL DOOR BOX ☐ ISO CONTAINER ☐ DRY BULK
☐ TANK TRAILER ☐ ROLL TARP BOX ☐ VACUUM BOX ☐ FRAC TANK ☒ POLY TANK ☐ VACUUM TRUCK

Compartment #	Last Contained	Heel - Hazardous	Heel - Non-Haz	Drum / Rolloff
1	<i>Less 3% neutralized</i>			
2	<i>citric acid</i>			
3				
4				
5				

CLEANING CODES	WORK PERFORMED	TANK ENTRY PERMIT
1 Air Dry		Oxygen (19.5% -23.5%) #1 _____ #2 _____ #3 _____ #4 _____ #5 _____
2 Quick Rinse		LEL (<10%) #1 _____ #2 _____ #3 _____ #4 _____ #5 _____
3 Cold Water Rinse		CO ₂ (<35 ppm) #1 _____ #2 _____ #3 _____ #4 _____ #5 _____
4 Hot Water Rinse		Toxic Vapor #1 _____ #2 _____ #3 _____ #4 _____ #5 _____
5 Steam Only (Per Hour)		Signature: _____
6 Steam & Dry		Stripper Usage: _____
7 Rinse, Steam & Dry		Comments: _____
8 Detergent Wash, Rinse & Dry		
9 Caustic Wash & Dry		
10 Caustic Wash, Rinse & Dry		
11 Waste Water Surcharge		
12 Solvent Wash (Diesel # Hours)		
13 Solvent Wash (Stripper)		
14 Exterior Tractor Wash		
15 Exterior Trailer Wash (w/o Internal)		
16 Exterior Trailer Wash (with Internal)		
17 Exterior Acid Brite Wash		Authorized Additional Services: _____
18 Hand Labor (# Men / # Hours)		
19 Hydroblaster (# Hours)		
20 Solvent Wash (Green Stripper)		
21 Passivation		
Hose Cleaning		
Pump Cleaning		

Cleaned By: _____ Date: *1/23/08*

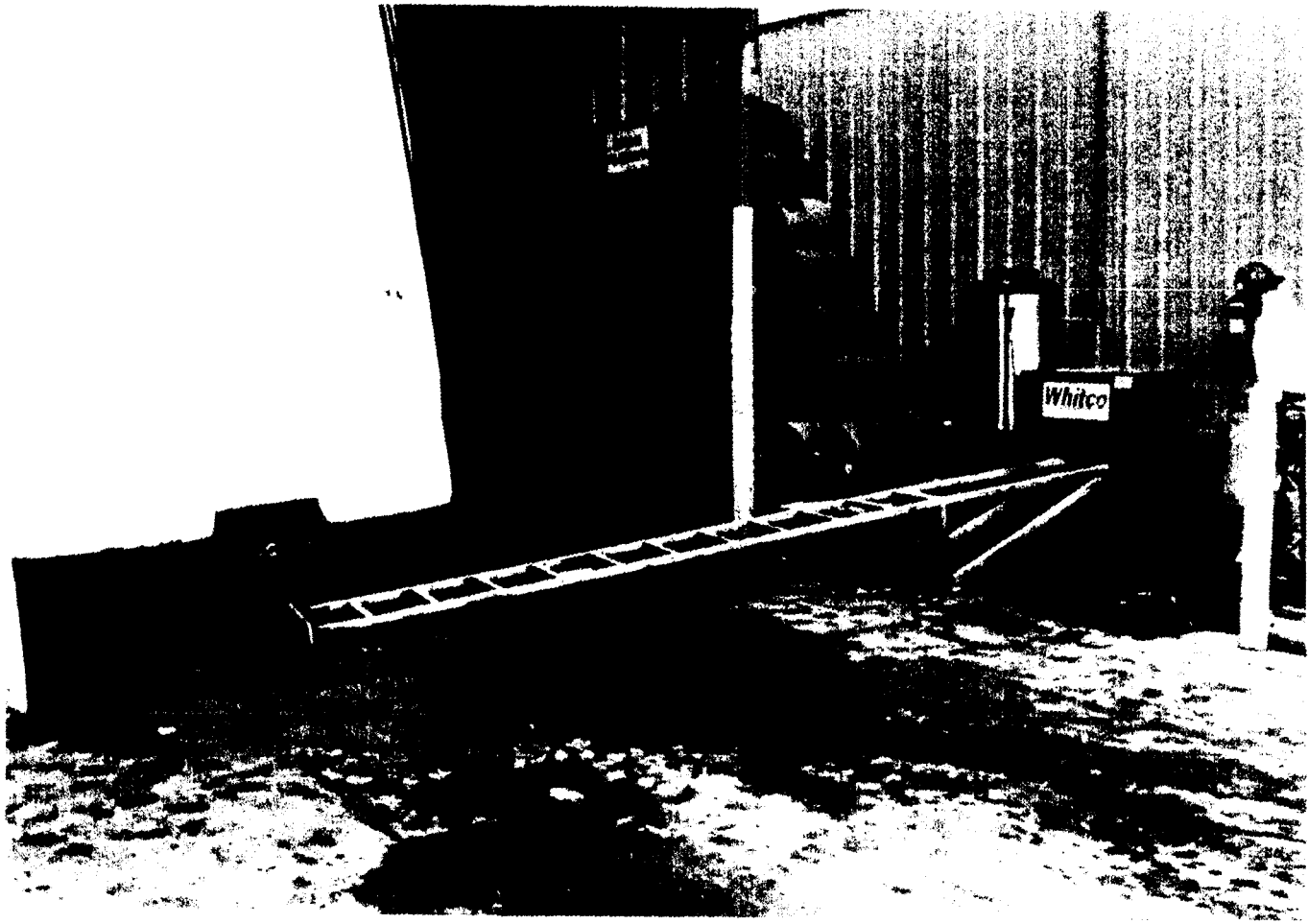
Inspected By: _____ Date: _____

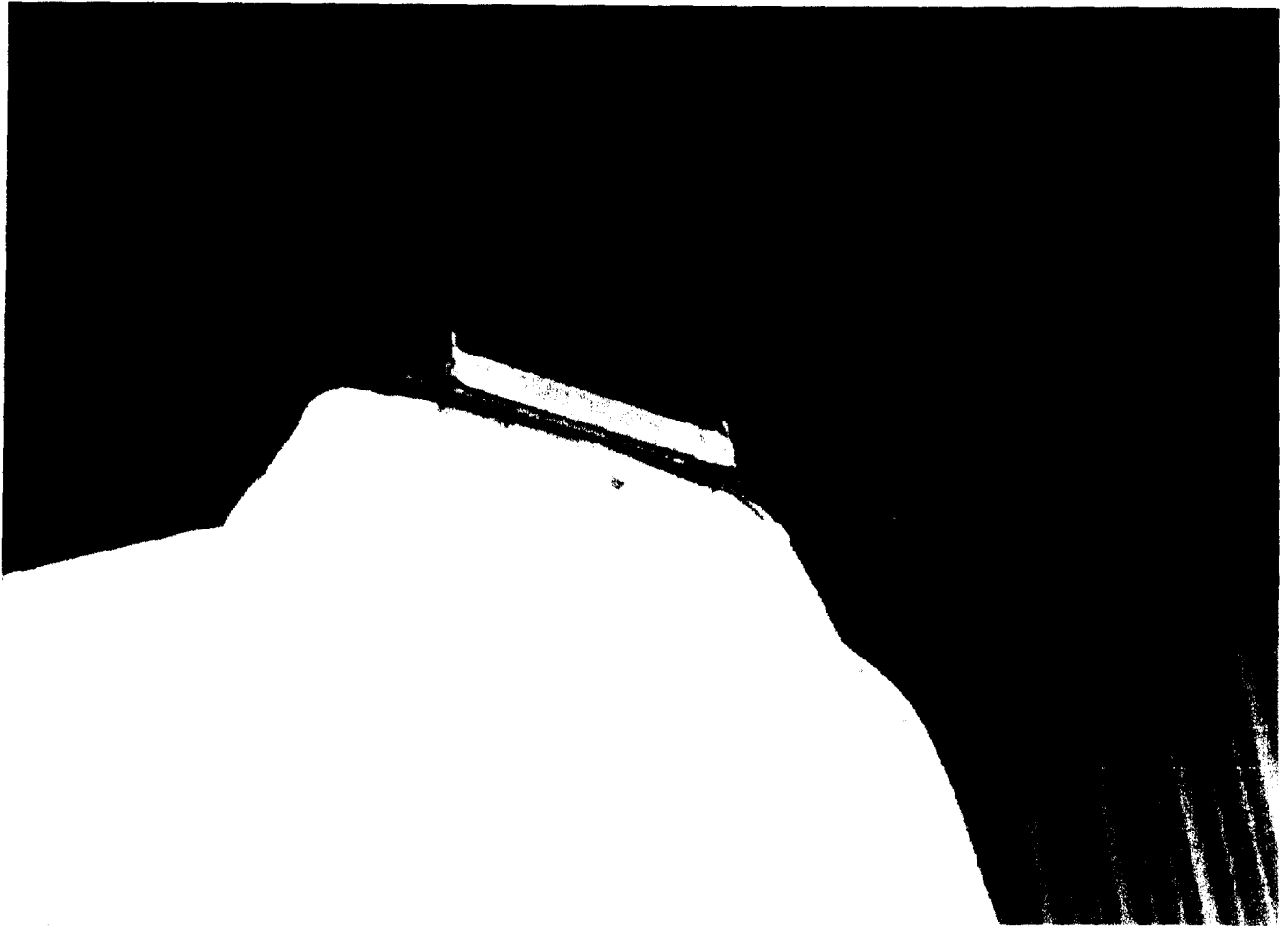
CES Environmental Services, Inc., Cleaning Division, makes no guarantees with respect to the thoroughness of the tank washing procedure or the total elimination of interior residues and/or moisture. Final inspection of the equipment remains the responsibility of the customer, and they hereby release CES Environmental Services, Inc., Cleaning Division, from any responsibility for claims arising from any allegations that the equipment was improperly cleaned, resulting in damage or loss.

CES Environmental Services, Inc., Cleaning Division, is in no manner responsible for any damages or losses of equipment and/or materials left in their yard.

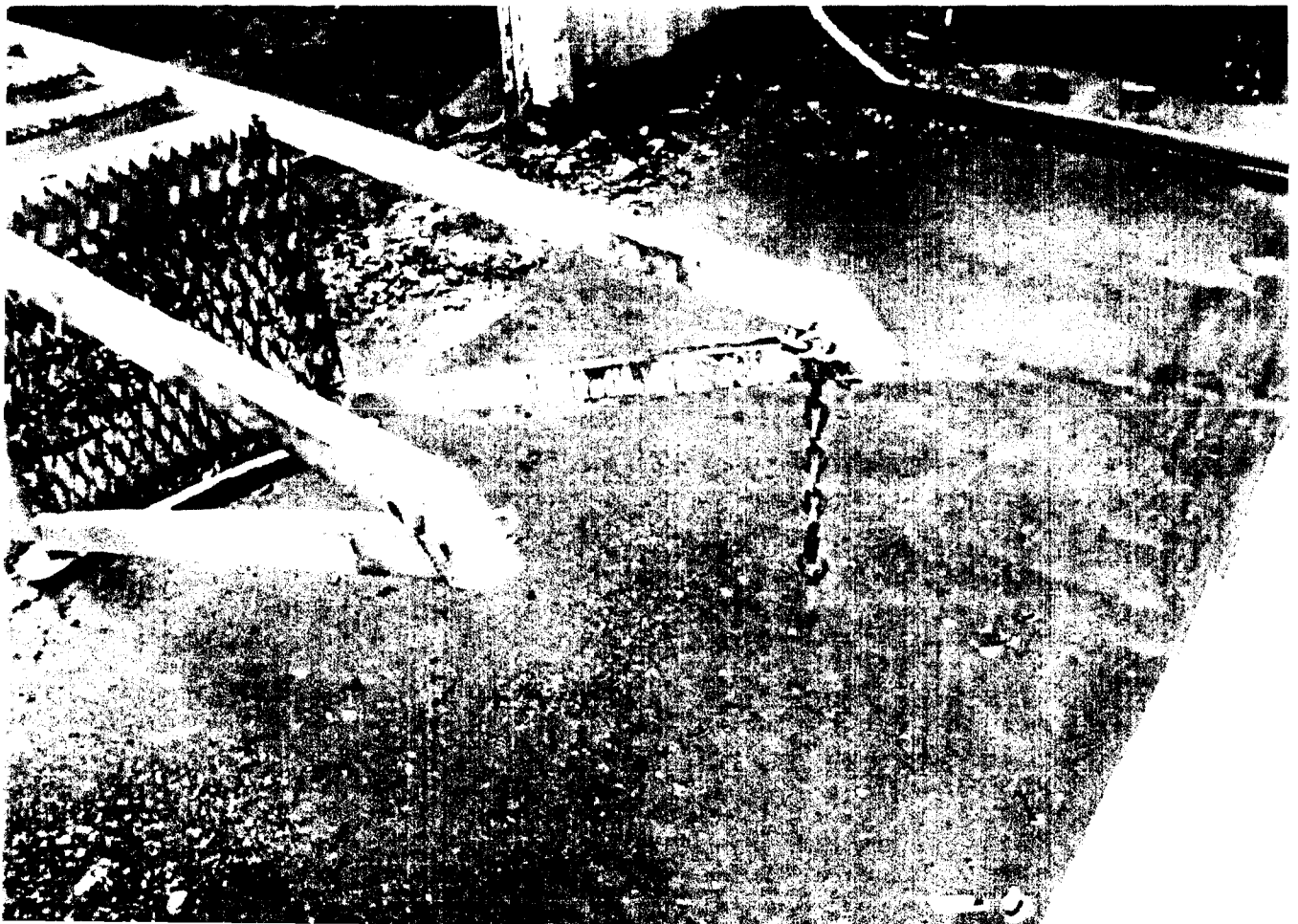
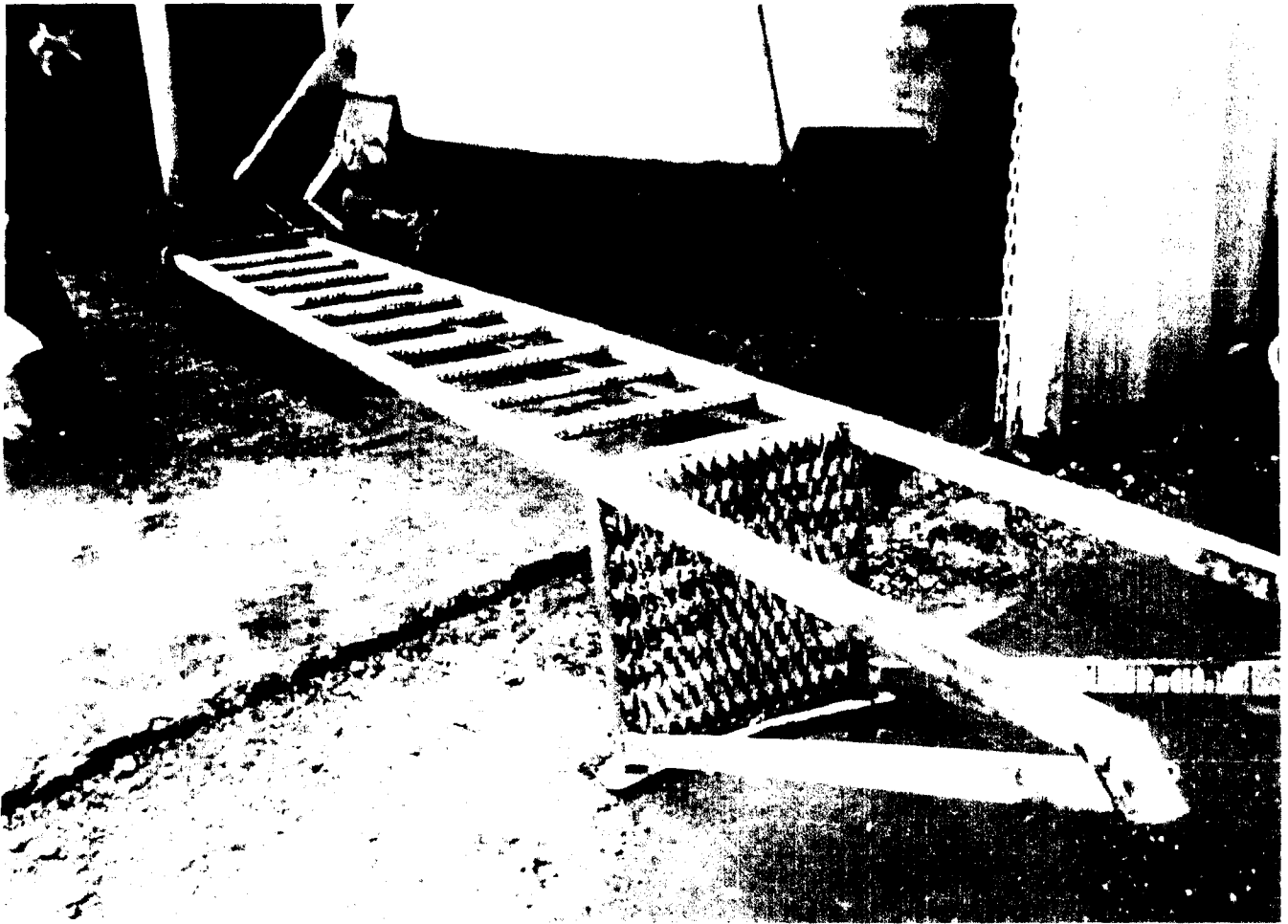
Print Name: *Pat Martinez* Date: *1-23-08*

EPAHO043000453

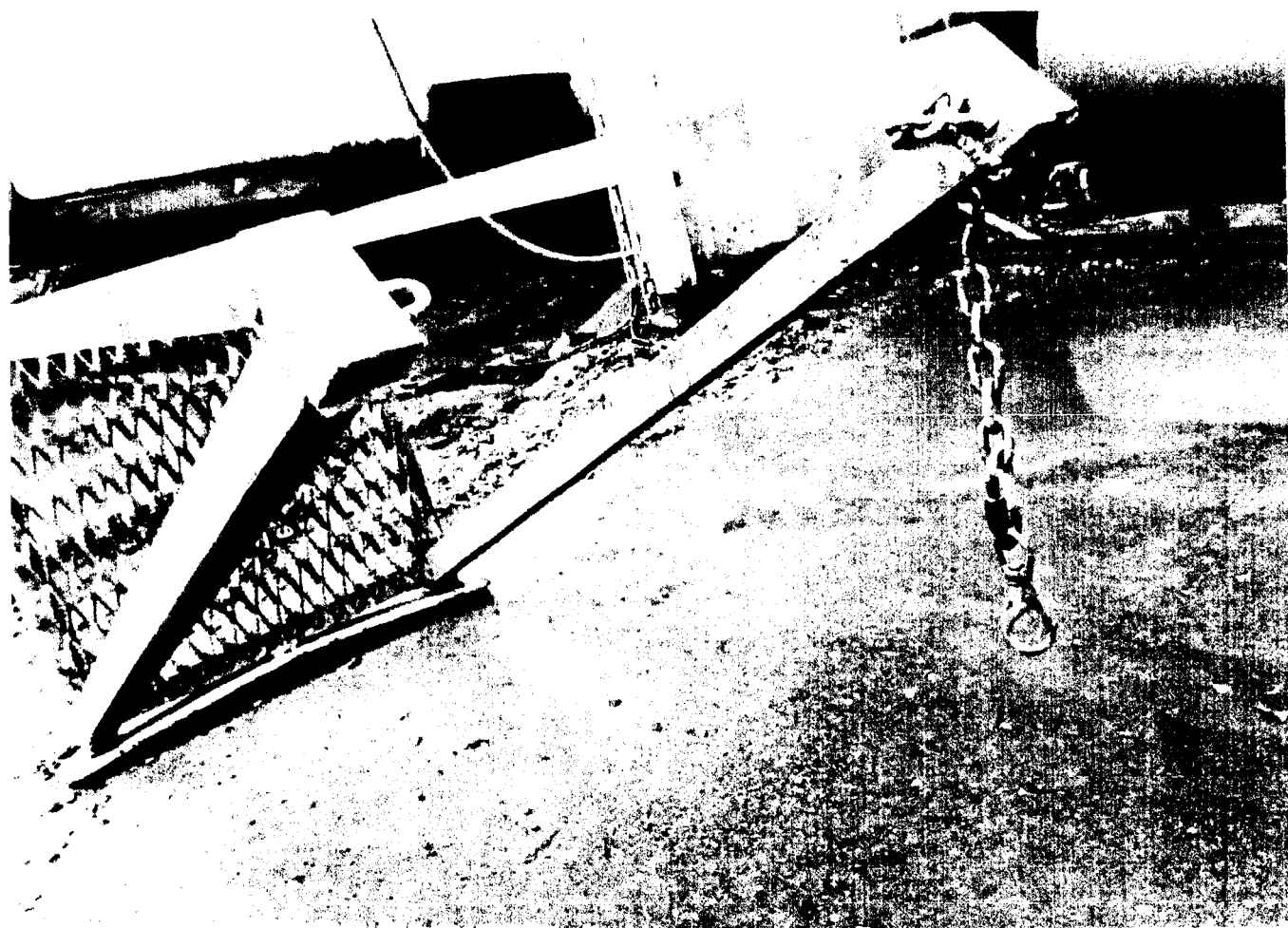
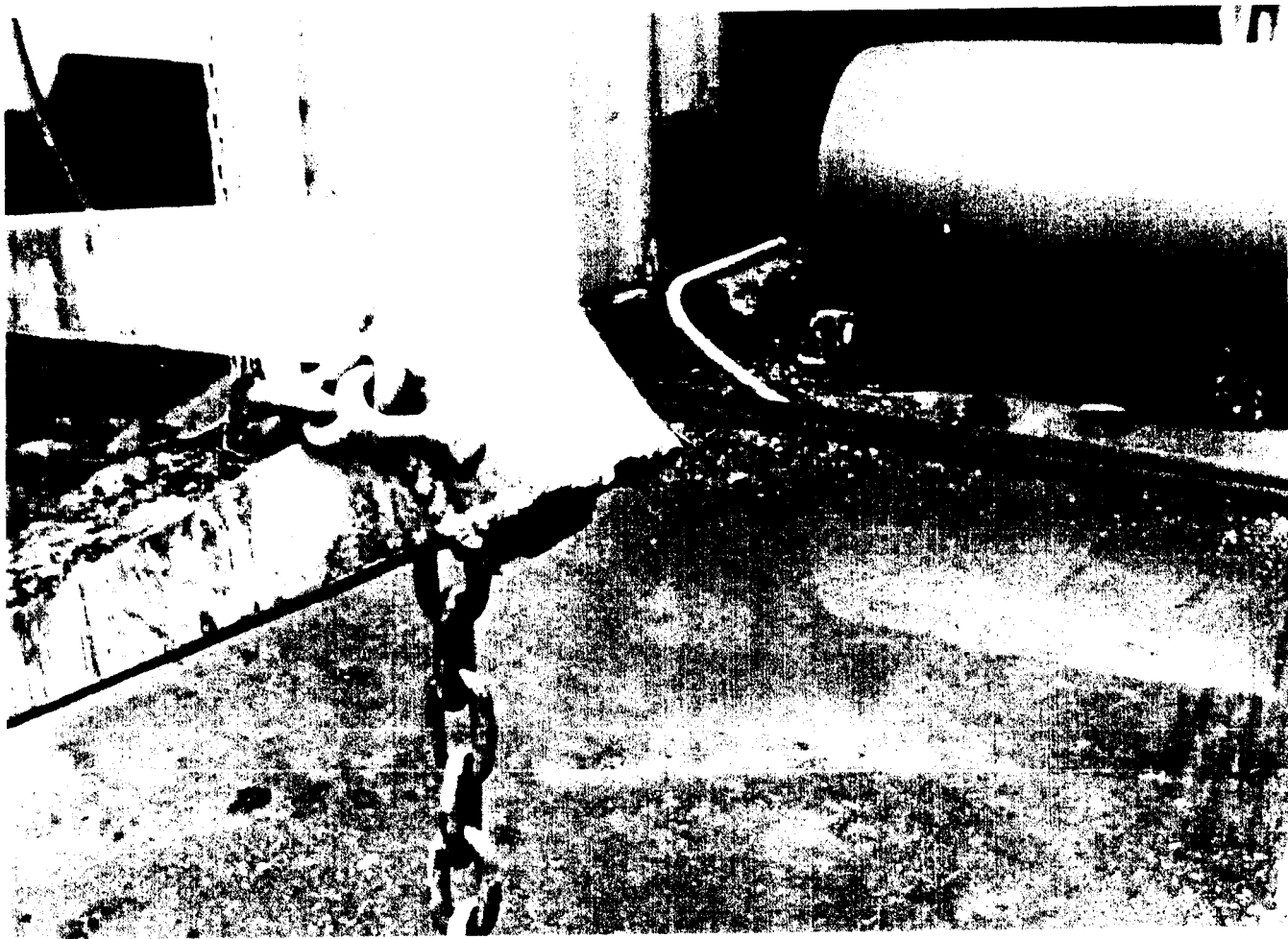




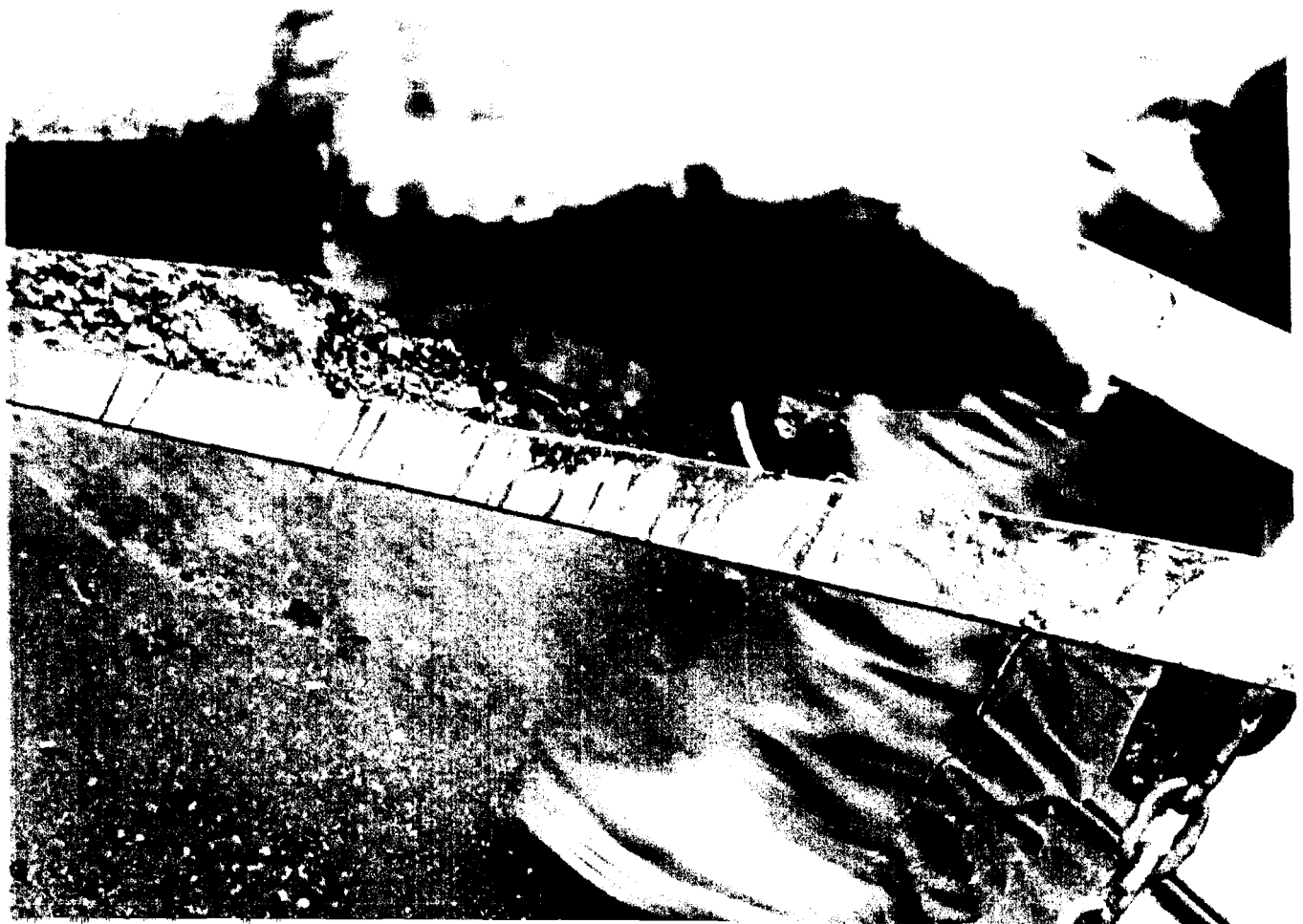
EPAHO043000455



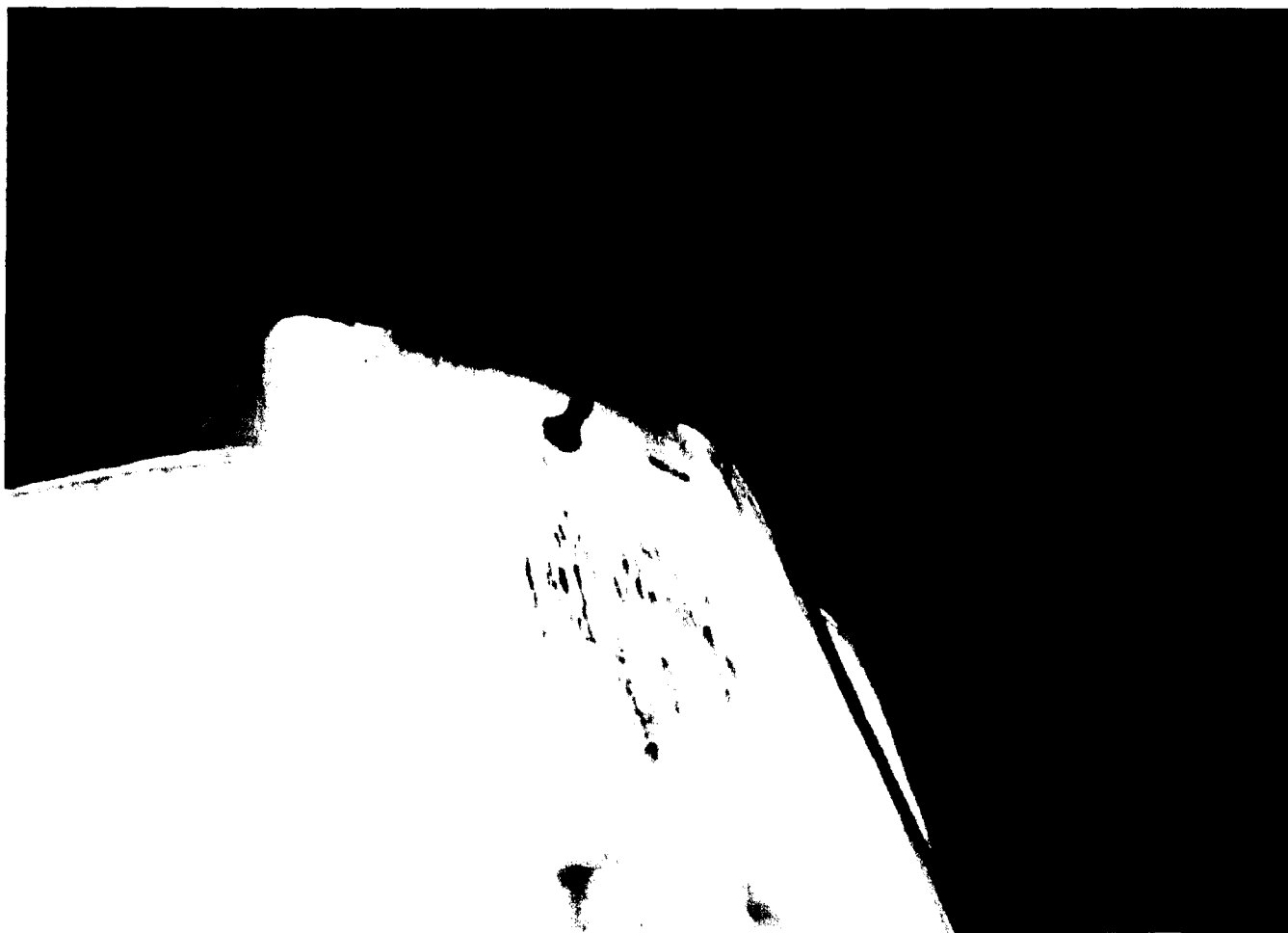
EPAHO043000456



EPAHO043000457



EPAHO043000458



EPAHO043000459



CES Environmental
Services, Inc.

4904 Griggs Road
Houston, TX 77021
Phone: (713) 676-1460
Fax: (713) 676-1676

Fax

memo for
204
1-29-08

To: Brenda

From: Prabhakar R. Thangudu
Mobile: (281) 433-9792

Fax: 512-224-2997

Pages:

Phone:

Date: 1-29-08

Brenda:

Thanks for the information.

Injured worker:

(b) (6)

↓
Last name

SS #

(b) (6)

Date of injury

1-24-08

Please call me @ 281-433-9792
Thanks
Prabhakar

EPAHO043000460

Jan. 29. 2008 9:26AM

MH TMC OCC MED 713 704 4445

No. 3492 P. 1/2

MEMORIAL HERMANN

Breakthroughs every day

Occupational Medicine Services

ALL DRUG SCREEN RESULTS WILL BE CALLED TO THE DESIGNATED
EMPLOYER REPRESENTATIVE
THEN THE RESULTS WILL BE FAXED OR MAILED

Address: 6411 Fannin, Suite H 121, Houston, Texas 77030-1501

Phone: Facilitator (24 hours) 713-704-3100, Manager (Bill Boras) 713-704-5840

Fax: 713-704-4445

www.memorialhermann.org

Faxed / Mailed To:
Name: HSE Manager
Organization: CES Environmental Services
Address: 4904 Grigg Rd HSE, TX 77024
Phone: 713 832 2870 862 Fax: 713 676 1676

- Urgent
- For Review
- Please Comment
- Please Reply

Date sent: 1-28-08
Time sent: 1000
Number of pages including cover page: 2

Message: The attached are results for a drug screen collected at Memorial Hermann Hospital. Below is the patient's information.

Occupational Medicine Staff mailing results: GERI PARSONS

PATIENT: Name: (b) (6)

EPAHO043000461



CES Environmental
Services, Inc.

4904 Griggs Road
Houston, TX 77021
Phone: (713) 676-1460
Fax: (713) 676-1676

Fax

memo for
204
1-29-08

To: Brenda

From: Prabhakar R. Thangudu
Mobile: (281) 433-9792

Fax: 512-224-2997

Pages:

Phone:

Date:

1-29-08

Brenda:

Thanks for the information.

Injured worker:

(b) (6)

↓
Last name

(b) (6)

SS #

Date of injury

1-24-08

Please call me @ 281-433-9792
Thanks
Prabhakar

EPAHO043000462



60068637

4396514

SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

E. Donor ID Verified:

☐ Photo ID☒ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1)☐ Random (3)☐ Reasonable Suspicion/Cause (5)☒ Post-Accident (2)☐ Promotion (22)☐ Return to Duty (6)☐ Follow-up (23)☐ Other (specify) (99)

G. Drug Tests to be Performed:

H. Collection Site Name:

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split☒ Single ☐ None Provided (Enter Remark)☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X

Signature of Collector

Time of Collection

Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier☐ FedEx☐ DHL / Airborne☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED
AT LAB: X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen
Bottle Seal Intact☐ Yes☐ No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X

Signature of Donor

Daytime Phone No.

Evening Phone No.

Date of Birth

Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE☐ POSITIVE☐ TEST CANCELLED☐ REFUSAL TO TEST BECAUSE:☐ DILUTE☐ ADULTERATED☐ SUBSTITUTED

REMARKS

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED☐ FAILED TO RECONFIRM - REASON

X

Signature of Medical Review Officer

EPAHO043000463

SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last: (b) (6)

E. Donor ID Verified: ☐ Photo ID ☒ Emp. Rep.

F. Reason for Test: ☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☒ Post-Accident (2) ☐ Promotion (22)
☐ Return to Duty (6) ☐ Follow-up (23) ☐ Other (specify) (99)

G. Drug Tests to be Performed:

H. Collection Site Name:

Collection Site Code:

Address:

Collector Phone No.:

City, State and Zip:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split ☒ Single ☐ None Provided (Enter Remark) ☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X
Signature of Collector
(Print) Collector's Name (First, MI, Last)

Time of Collection
Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier ☐ FedEx
☐ DHL / Airborne ☐ Other
Name of Delivery Service Transferring Specimen to Lab

RECEIVED
AT LAB: X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**Primary Specimen
Bottle Seal Intact**

☐ Yes
☐ No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X
(b) (6)
Signature of Donor

(b) (6)

Date (Mo./Day/Yr.)

Daytime Phone No.

Evening Phone

Date of Birth

Mo. Day Yr.

EPAHO043000464

MEMORIAL HERMANN

Breakthroughs every day

Occupational Medicine Services

ALL DRUG SCREEN RESULTS WILL BE CALLED TO THE DESIGNATED
EMPLOYER REPRESENTATIVE
THEN THE RESULTS WILL BE FAXED OR MAILED

Address: 6411 Fannin, Suite H 1.21, Houston, Texas 77030-1501

Phone: Facilitator (24 hours) 713-704-3100, Manager (Bill Boras) 713-704-5840

Fax: 713-704-4445

www.memorialhermann.org

Name: HSE Manager Faxed / Mailed To:
Organization: CES Environmental Services
Address: 4904 Griggo Rd Hst, TX 77024
Phone: 713 832-2870 862 Fax: 713 676-1676

- Urgent
- For Review
- Please Comment
- Please Reply

Date sent: 1-28-08

Time sent: 1000

Number of pages including cover page: 2

Message: The attached are results for a drug screen collected at Memorial Hermann Hospital. Below is the patient's information.

Occupational Medicine Staff mailing results:

GERI PARSONS

PATIENT: Name: (b) (6)

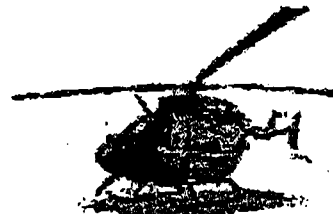
Date of Drug Screen: 1-24-08 SS #: 0

OR Date of Birth: 9-6-75

Date of Reported: 1-28-08

Confidentiality Notice

WARNING: Unauthorized interception of this fax communication could be a violation of federal and state law. The documents accompanying this fax transmission may contain information that is legally privileged. The information is intended only for use by the recipient. You are hereby notified that any disclosure, copying, distribution, or taking of any action on the contents of this faxed information is strictly prohibited. If you have received this information in error, please immediately notify sender by telephone to arrange for the return of the original documents.



Send the specified copies to your
Workers' Compensation Insurance Carrier
 and the injured employee.
***Employers - Do not send this form to the
 Texas Workers' Compensation Commission,
 unless the Commission specifically requests
 a direct filing.**

TWCC CLAIM # _____

CARRIER'S CLAIM # 99J0000517921

EMPLOYER'S FIRST REPORT OF INJURY OR ILLNESS

1. Name (Last, First, M.I.) (b) (6)		2. Sex <input type="checkbox"/> F <input checked="" type="checkbox"/> M	
3. Social Security No. (b) (6)	4. Home Phone (b) (6)	5. Date of Birth	
6. Does the Employee Speak English? If No, Specify Language <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
7. Race Hispanic	8. Ethnicity		
9. Mailing Address (Street or P.O. Box) (b) (6)			
10. Marital Status: <u>MARRIED</u>			
11. Number of Dependent Children 2		12. Spouse's Name	
13. Doctor's Name: <u>MEMORIAL HERMAN HOSPITAL</u>			
14. Doctor's Mailing Address (Street or P.O. Box) <u>6411 FANNIN, Suite H 1.21</u>			
City <u>Houston</u>	State <u>TX</u>	Zip <u>77030-1501</u>	

15. Date of Injury <u>1-24-08</u>	16. Time of Injury <u>~11:30</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	17. Date Lost Time <u>1-25-08</u>	
18. Nature of Injury* <u>Fractured Wrist</u>		19. Part of Body Injured or Exposed* <u>Wrist</u>	
20. How and Why Injury/Illness Occurred* <u>Ladder Broke - Employee fell ~ 9 FEET</u>			
23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site <u>CES Environmental 4904 Griggs RD</u>			
City <u>Houston</u>	State <u>TX</u>	Zip <u>77021</u>	
24. Cause of Injury (fall, tool, machine, etc.)* <u>FALL</u>			
25. List Witnesses: <u>NONE</u>			
26. Return to work Date/or expected	27. Did employee die? <u>NO</u>	28. Super- visor's name <u>MARLIN MOSEY</u>	28. Date Reported

30. Date of Hire (b) (6)	31. Was employee hired or recruited in Texas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	32. Length of Service in Current Position (mm/yy) <u>5YRS 7mos</u>	33. Length of Service in Occupation (mm/yy) <u>5YRS 7mos</u>
34. Employee Payroll Classification Code		35. Occupation of Injured Worker	
36. Rate of Pay at this job (b) (6) Weekly	37. Full Work Week is: Hours <u>40</u> Days	38. Last Paycheck was: Hours <u>41.54</u> Days	39. Is employee an Owner, Partner, or Corporate Officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
40. Name and Title of Person Completing Form <u>KARL A. Guidry - HSE MANAGER</u>		41. Name of Business <u>CES Environmental Services, Inc</u>	
42. Business Mailing Address and Telephone Number <u>4904 Griggs RD</u> Tel No: <u>713-676-1460</u>		43. Business Location (If different from mailing address) <u>NA</u>	
City <u>Houston</u>	State <u>TX</u>	City <u>NA</u>	Zip <u>77021</u>
44. Federal Tax Identification Number (b) (6)	45. Primary Standard Industrial Classification (SIC) Code* (4 digit) <u>562219</u>	46. Specific SIC Code* (4 digit) <u>562219</u>	47. Texas Comptroller Tax payer No.
48. Workers' Compensation Insurance Company <u>TEXAS Mutual</u>		49. Policy Number <u>TSF0001086044</u>	
50. Did you request accident prevention services in past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, did you receive them? <input type="checkbox"/> Yes <input type="checkbox"/> No			
51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING) x <u>Karl A. Guidry HSE MANAGER</u> Date <u>1-29-08</u>			

You may be entitled to know what information UT Arlington (UTA) collects concerning you. You may review and have UTA correct this information according to procedures set forth in UT System BPM #32. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

Continued on next page

***** -IND. XMT JOURNAL- ***** DATE JAN-31-2008 ***** TIME 16:48 *****

DATE/TIME = JAN-31-2008 16:46
JOURNAL No. = 018
COMM. RESULT = OK
PAGE(S) = 007
DURATION = 00:01:21
FILE No. = 792
MODE = MEMORY TRANSMISSION
DESTINATION = 7133162191
RECEIVED ID = / 7133162191
RESOLUTION = STD

-CES Environmental Service-

***** DP-3010 ***** -

- ***** - 713 676 1676- *****



4904 Griggs Road
Houston, TX 77021
Phone: (713) 676-1460
Fax: (713) 676-1676

Fax

To: Texas Mutual

From: Karl Guidry

Mobile: (832) 287-0862

Fax: 713-316-2191

Pages: Pages to follow 6

Attn: Marilyn Royer

Date: January 31, 2008

Marilyn,

Documents we discussed related to (b) (6)

Karl Guidry

EPAHO043000468

Employee Acknowledgment of Workers' Compensation Network

I have received information that tells me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this information, I understand that:

1. I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual at (800) 859-5995, extension 2880 to notify them of my choice.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.
5. Making a false or fraudulent workers' compensation claim is a crime that may result in

(b) (6)

5-30-02

Date

Printed Name

I live at:

(b) (6)

Street Address

Houston

City

TX

State

77028

Zip Code

Name of Employer: CES Environmental Services, Inc

Name of Network: Texas Star Network_{SM}

Network service areas are subject to change.

Call (800) 381-8067 if you need a network treating provider.

Please indicate whether this is the:



Initial Employee Notification



Injury Notification (Date of Injury: 01/24/2008)

**DO NOT RETURN THIS FORM TO TEXAS MUTUAL
INSURANCE COMPANY UNLESS REQUESTED**

Send to workers' compensation carrier:

TEXAS Mutual 713-316-2191

(Name and fax number of carrier)

Attn: Marilyn



CLAIM # _____

CARRIER'S CLAIM # 99J0000517921

☐ Initial ☐ Amended

EMPLOYER'S WAGE STATEMENT

The Texas Workers' Compensation Act and Workers' Compensation rules require an employer to provide an Employer's Wage Statement to its workers' compensation insurance carrier (carrier) and the claimant or the claimant's representative, if any. The purpose of the form is to provide the employee's wage information to the carrier for calculating the employee's Average Weekly Wage (AWW) to establish benefits due to the employee or a beneficiary.

The AWW is based on the wages the employee earned in the 13 weeks immediately preceding the date of injury (or the wage a similar employee earned if the employee did not work the full 13-week period). "Wages" include all forms of remuneration payable to an employee for personal services, including fringe benefits. To simplify filing, employers may file wages in a monthly, biweekly, or weekly manner as discussed below.

NOTE - An employer who fails without good cause to timely file a complete wage statement as required by the Texas Workers' Compensation Act, Texas Labor Code, Section 408.063(c) and Worker's Compensation Rule 120.4 may be assessed an administrative penalty not to exceed \$500.00 for an initial offense and not to exceed \$10,000.00 for a repeated administrative violation.

The employer shall timely file a complete wage statement in the form and manner prescribed by the Division.

(1) The wage statement shall be filed ("filed" means received) with the carrier, the claimant, and the claimant's representative (if any) within 30 days of the earliest of:

(A) the employee's eighth day of disability;

(B) the date the employer is notified that the employee is entitled to income benefits;

(C) the date of the employee's death as a result of a compensable injury.

(2) The wage statement shall also be filed with the Division within seven days of receiving a request from the Division (Only When Requested).

(3) A subsequent wage statement shall be filed with the carrier, employee, and the employee's representative (if any) within seven days if any information contained on the previous wage statement changes (such as if the employer discontinues providing a nonpecuniary wage that was initially continued after the date of injury).

All applicable DWC rules can be found at www.tdi.state.tx.us

EMPLOYEE AND EMPLOYER INFORMATION

Employee's Name (Last, First, M.I.):

(b) (6)

Employer's Business Name:

CES Environmental Services, Inc.

Employee's Mailing Address (Street or P.O. Box):

(b) (6)

Employer's Mailing Address (Street or P.O. Box):

4904 Griggs Rd.

City: State: ZIP Code:

Houston TX 77028

City: State: ZIP Code:

Houston TX 77021

Social Security Number (last four digits):

XXX-XX (b) (6)

Federal Tax I.D. Number:

(b) (6)

Date of Hire: Date of Injury:

5-30-2002

1-24-08

Name and Phone # of Person Providing Wage Information:

KARL Gwidry 832-287-0862

- ☒ As of today's date, the employee is not back at work. **OR**
☐ The employee returned to work on _____ and is working:
☐ without restriction. **OR**
☐ with restrictions and is earning wages of \$_____ per week/month (circle one).

NOTE - Rule 120.3 requires the employer file the Supplemental Report of Injury (DWC FORM-6) to report changes in Work Status and Post-Injury Earnings.

I HEREBY CERTIFY THAT this wage statement is complete, accurate, and complies with the Texas Workers' Compensation Act and applicable rules, and the listed wages include all pecuniary and nonpecuniary wages paid for (earned in) the 13 weeks prior to the date of injury (as described on page 2) and I understand that making a misrepresentation about a workers' compensation claim is a crime that can result in fines and/or imprisonment.

Signature: [Signature] Date: 1-31-08

EMPLOYMENT STATUS AT TIME OF INJURY (Check All That Apply)

☒ **Full-time:** employee who regularly works at least 30 hours per week and whose schedule is comparable to other employees of the company and/or other employees in the same business or vicinity who are considered full-time.

☐ **Seasonal:** employee who as regular course of conduct engages in seasonal or cyclical employment that may or may not be agricultural in nature and that does not continue throughout the year.

☐ **Part-time: Regular Course of Conduct:** employee whose work history for the 12-month period preceding the injury shows the person only worked part-time during that period.

☐ **Part-time: Not Regular Course of Conduct:** employee whose work history for the 12-month period preceding the injury shows part-time and full time work during that period.

☐ **Apprentice:** employee who is learning a skilled trade or art by practical experience under the direction of a skilled crafts person or artisan.

☐ **Minor:** employee less than 18 years of age and not emancipated by marriage or judicial action who is also an apprentice, trainee or student.

☐ **Student:** employee enrolled in a course of study in high school, college or other institute of higher education or technical training.

☐ **Trainee:** employee undergoing systematic instruction and practice in some art, trade or profession with a view towards proficiency in it.

SAME OR SIMILAR EMPLOYEE?

The wage information on this form is for:

☒ **The Injured Employee** **OR** ☐ **A Similar Employee** (NOTE - If requested by the Division, the employer shall identify the similar employee whose wages were provided.)

If the employee was not employed for 13 continuous weeks before the date of injury, report the wages of an employee who has training, experience, skills & wages comparable to the injured employee AND who performs services/tasks comparable in nature and in number of hours. **If no similar employee exists, report the limited available wages earned by the injured employee prior to the injury.**

NOTE TO INJURED EMPLOYEE - If you were injured on or after 7/1/02, and had employment with more than one employer on the date of injury, you can provide your insurance carrier with wage information from your other employment for the carrier to include in your AWW and this may affect your benefits. Contact your carrier for additional information or call the Division at (800) 252-7031. You can also read rule 122.5 at www.tdi.state.tx.us.



WAGE INFORMATION INSTRUCTIONS

Employee Name: (b) (6)

Social Security #: (b) (6)

Date of Injury: 1-24-08

- The employer shall report all wages earned in the 13 weeks immediately preceding the date of injury. If the employee is paid on a monthly or semi-monthly basis, the employer may provide wages for the 3 months preceding the date of injury. Monthly wages may also be converted to weekly wages by dividing the gross monthly amount by 4.34821. If the employee is paid on a biweekly basis, the employer may provide the wages for the 14 weeks preceding the date of injury. When setting the periods to report, the employer may adjust the reporting period backward slightly (up to six days) to line up the reporting timeframes with the employer's natural pay cycle. **However, the employer shall not report wages earned on or after the date of injury.**

- If reporting weekly earnings, use all 13 Period Columns below. If reporting 3 months of earnings, either convert the wages to weekly earnings or use the first 3 Period Columns. If reporting 14 weeks of biweekly earnings, use the first 7 Period Columns. **In all cases, indicate the dates that each period covers.**

PECUNIARY WAGE INFORMATION

Pecuniary Wages include all wages that are paid to the employee in the form of money. These include, but are not limited to: hourly, weekly, biweekly, monthly, etc. wages; salary; tips/gratuities; piecework compensation; monetary allowances; bonuses; and commissions. Earnings are reported in the periods they are earned, NOT when they are paid and some (such as bonuses and commissions) need to be prorated. Pecuniary wages don't include payments made by an employer to reimburse the employee for the use of the employee's equipment or for paying helpers or to reimburse for travel expenses. Consider as earnings amounts from paid holidays and any vacation, personal or sick leave an employee used but not the market value of leave time earned but not used.

PERIOD # (Week #, Month #, or Bi-Week #)	1	2	3	4	5	6	7	8	9	10	11	12	13	
FROM DATE:	1/20	1/13	1/6	12/30	12/23	12/16	12/9	12/2	11/25	11/18	11/11	11/4	10/28	
TO DATE:	1/26	1/19	1/12	1/5	12/29	12/22	12/15	12/8	12/1	11/24	11/17	11/10	11/3	TOTALS
# HOURS WORKED:	41:54	53:34	51	42:24	42:10	51:07	50:43	52:45	48:05	57:29	48:14	52:34	51:07	641.06
GROSS WAGES EARNED:	578.48	814.73	763.09	572.40	569.25	765.11	757.01	798.19	703.69	786.04	706.72	794.48	765.11	9374.30

NONPECUNIARY WAGE INFORMATION

Nonpecuniary Wages include all wages paid to the employee in a form other than money. These include, but are not limited to, the benefits listed below but do not include monetary allowances or stipends paid to allow the employee to purchase the benefits.

Nonpecuniary Wage Type	Employer Provided Prior To Injury?		Specify Value Or Amount Earned in Each Reported Period For Each Benefit Provided Prior To Injury (Use the same periods as used above)													Will Employer Continue To Provide?		Date Benefit Suspended (if suspended)
	YES	NO	1	2	3	4	5	6	7	8	9	10	11	12	13	YES	NO	
Health Insurance																		
Laundry/Cleaning																		
Clothing/Uniforms																		
Lodging/Housing/																		
Food/Meals																		
Vehicle/Fuel																		
Other																		

EP/HA0043000471



NURSING SECTION

Discharge Date: 1/24/08 Time: 0945 Accompanied by: wife

Mode of Transportation: ☐ Ambulatory ☒ Wheel Chair ☐ Stretcher ☐ Ambulance

Vital Signs prior to Discharge: 77 HR 120 BP 18 RR 99° Temperature Pain Score 0 on a scale of 1 to 10

☐ Interdisciplinary Care Plan Closed and Patient Goals Met: ☒ Yes ☐ No

☐ Unresolved Patient Goals: none

☐ Home Health Consulted for n/a

☐ Screened for Vaccinations: ☐ Flu ☐ Pneumonia

☐ Vaccinations given on: _____ (date) ☒ Contraindicated

☐ Vaccination Information Sheet (VIS) provided. Publish date: _____ (www.cdc.gov)

Valuables: ☒ None ☐ Returned to Patient ☐ Given to Family ☐ Other

Discharge with: ☐ Orthopedic Device _____ ☐ Crutches/Cane/Wheel chair _____ ☐ Catheters _____
☐ Respiratory _____ ☐ Wound/Incision Care _____ ☐ Dressings _____
☐ Other _____ ☐ Other _____

Supplies Provided (list): _____

Discharge Instructions Previewed:

- ☒ Red Education Envelope provided
- ☐ Reviewed Home Medication Reconciliations Form (yellow copy to patient)
- ☒ Dietary instructions
- ☒ Medication Instructions provided (monograph printed from Care⁴ on all medications)
- ☐ Dressing Change/Wound Care Instructions
- ☐ Smoking Cessation Education
- ☐ Additional Education Materials (list): _____

Core Measure Education provided: ☐ Stroke ☐ CHF ☐ Pneumonia ☐ AMI ☐ Other ☐ NA

☐ Safety Precautions

I have been given a copy and explanation of my discharge instructions, which I have read, understand and can follow.

(b) (6)

(Print Patient Name)

(Signature)

Relationship to patient

Date

Tatiana Morgan
(Print Name)

Tatiana Morgan
(Signature of Nurse)

1/24/08
Date

Time

MEMORIAL
HERMANN

Day of Discharge

ADM: 01/24/08
DOB: (b) (6) 32 Years SER: ORT



PHYSICIAN SECTION

Admitting Date: 1/24/08
Admitting Diagnosis: Col. distal resection

Discharge Date: 1/26/08
Discharge Diagnosis: same

Condition: ☒ Good ☐ Fair ☐ Poor ☐ Stable
Primary Physician: Rechner
Consulting Physicians and Services: _____

Discharge To: ☐ Home ☐ LTAC ☐ SNF ☐ Home Health
☐ Hospice ☐ Rehab ☐ Other
Name of facility: _____

Hospital Course: _____

Complications
None (U) UC
Stable on D/C

Significant procedures, treatments and events while hospitalized: _____
☒ Surgery Distal resection ☐ Imaging Studies
☐ Interventional Procedure ☐ Implantable Device
☐ Filter ☐ Graft ☐ Indwelling line ☐ Catheter ☐ Access Port
☐ LV Function _____ % ☐ Prior to admission ☐ During hospitalization ☐ To be obtained post discharge
☐ Other _____ Complications: _____

Follow-Up Care and Instructions

1. Call your primary physician for a follow-up appointment in _____ weeks.
2. Physician: Rechner Office Number: 713-650-6700 Appointment Date: _____
3. Physician: _____ Office Number: _____ Appointment Date: _____
4. Referred for: _____

Activity Level

Ambulate: ☐ with assistance ☒ as tolerated
Activity: ☐ Bedrest ☐ with bathroom privileges ☒ as tolerated
Out of bed to chair _____ times/day
Lifting: ☒ No restrictions ☐ Limited to _____ pounds
Weight Bearing: ☐ No restrictions ☒ Restricted to NW 2 (L) UC
Stairs: ☒ Permitted ☐ Not permitted
Driving: ☐ Immediately ☐ In _____ weeks ☒ No driving
May: ☒ Shower ☐ Bath with assistance
May resume sexual activity: ☐ Immediately ☐ In _____ weeks
Alcohol: ☐ Yes ☒ No ☐ Referred to community Resources
Weight Monitoring: ☐ Yes ☒ No If weight increases/decreases by _____ pounds, notify MD
Diet Type: Regular

If you experience any of the following symptoms, notify the MD

- ☐ Pain ☐ Nausea ☐ Vomiting ☐ Bleeding ☐ Swelling ☐ Sign of Infection ☐ Shortness of Breath ☐ Temperature
☐ Other _____

Medications

- ☐ See Home Medication Reconciliation/Orders for discharge medications.
☐ Bring a copy of these instructions with you to your next doctor appointment.
☐ Prescriptions given to patient.

(Print Name) S. A. CHART (Signature of Physician) [Signature] M.D. # and Pager # 91119/25312 Date 1/26/08 Time 2:00

MEMORIAL
HERMANN

Day of Discharge



28496318-8024 ADM: 01/24/08
(b) (6) M
DOB (b) (6) 32 Years SER: ORT



Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation and may be entitled to certain medical and income benefits. For further information call your local Division field office or 1(800)-252-7031.



Empleado - Es necesario que reporte su lesión a su empleador dentro de 30 días a partir de la fecha en que se lesionó si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte de la División de Compensación para Trabajadores, y también puede tener derecho a ciertos beneficios médicos y monetarios. Para mayor información comuníquese con la oficina local de la División al teléfono 1-800-252-7031.

TEXAS WORKERS' COMPENSATION WORK STATUS REPORT

PART I: GENERAL INFORMATION		5. Doctor's Name and Degree PATRICIA JANKI, M.D.	(for transmission purposes only)	Date Being Sent 08 JAN 31 AM 9:34
1. Injured Employee's Name (b) (6)	6. Clinic/Facility Name PATRICIA JANKI, M.D., P.A.	9. Employer's Name CES environmental service		
2. Date of Injury 1/24/08	3. Social Security Number (b) (6)	7. Clinic/Facility/Doctor Phone & Fax 713-330-4325 / 330-1910	10. Employer's Fax # or Email Address (if known)	
4. Employee's Description of Injury/Accident	8. Clinic/Facility/Doctor Address (street address) 13601 WOODFOREST BLVD.	11. Insurance Carrier Texas Mutual		
	City HOUSTON State TX Zip 77015	12. Carrier's Fax # or Email Address (if known) (512) 224-3889		

PART II: WORK STATUS INFORMATION (FULLY COMPLETE ONE INCLUDING ESTIMATED DATES AND DESCRIPTION IN 13(c) AS APPLICABLE)

13. The injured employee's medical condition resulting from the workers' compensation injury:

☐ (a) will allow the employee to return to work as of _____ (date) without restrictions.

☒ (b) will allow the employee to return to work as of 1/31/08 (date) with the restrictions identified in PART III, which are expected to last through 2/15/08 (date).

☐ (c) has prevented and still prevents the employee from returning to work as of _____ (date) and is expected to continue through _____ (date). The following describes how this injury prevents the employee from returning to work:

PART III: ACTIVITY RESTRICTIONS* (ONLY COMPLETE IF BOX 13(b) IS CHECKED)

14. POSTURE RESTRICTIONS (if any): Max Hours per day: 0 2 4 6 8 Other _____ Standing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Kneeling/Squatting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Bending/Stooping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Pushing/Pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	17. MOTION RESTRICTIONS (if any): Max Hours per day: 0 2 4 6 8 Other _____ Walking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Climbing stairs/ladders <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Grasping/Squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Overhead Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	19. MISC. RESTRICTIONS (if any): <input type="checkbox"/> Max hours per day of work: _____ <input type="checkbox"/> Sit/Stretch breaks of _____ per _____ <input type="checkbox"/> Must wear splint/cast at work <input type="checkbox"/> Must use crutches at all times <input type="checkbox"/> No driving/operating heavy equipment <input type="checkbox"/> Can only drive automatic transmission <input type="checkbox"/> No work / <input checked="" type="checkbox"/> _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding <input type="checkbox"/> Must keep _____: <input type="checkbox"/> Elevated <input type="checkbox"/> Clean & Dry <input type="checkbox"/> No skin contact with: _____ <input type="checkbox"/> Dressing changes necessary at work <input type="checkbox"/> No Running
15. RESTRICTIONS SPECIFIC TO (if applicable): <input type="checkbox"/> L Hand/Wrist <input type="checkbox"/> R Hand/Wrist <input type="checkbox"/> L Arm <input type="checkbox"/> R Arm <input type="checkbox"/> Neck <input type="checkbox"/> L Leg <input type="checkbox"/> R Leg <input type="checkbox"/> Back <input type="checkbox"/> L Foot/Ankle <input type="checkbox"/> R Foot/Ankle <input type="checkbox"/> Other: _____	18. LIFT/CARRY RESTRICTIONS (if any): <input type="checkbox"/> May not lift/carry objects more than _____ lbs. for more than _____ hours per day <input type="checkbox"/> May not perform any lifting/carrying <input type="checkbox"/> Other: _____	20. MEDICATION RESTRICTIONS (if any): <input type="checkbox"/> Must take prescription medication(s) <input type="checkbox"/> Advised to take over-the-counter meds <input type="checkbox"/> Medication may make drowsy (possible Safety/driving issues)
16. OTHER RESTRICTIONS (if any): <u>No use of left hand</u>		

* These restrictions are based on the doctor's best understanding of the employee's essential job functions. If a particular restriction does not apply, it should be disregarded. If modified duty that meets these restrictions is not available, the patient should be considered to be off work. Note - these restrictions should be followed outside of work as well as at work.

PART IV: TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION

21. Work Injury Diagnosis Information: <u>① forearm fracture</u>	22. Expected Follow-up Services Include: <input checked="" type="checkbox"/> Evaluation by the treating doctor on <u>2/15/08</u> (date) at <u>11:30</u> am/pm <input checked="" type="checkbox"/> Referral to/Consult with <u>Mao</u> on _____ (date) at _____ : _____ am/pm <input type="checkbox"/> Physical medicine ___ X per week for ___ weeks starting on _____ (date) at _____ : _____ am/pm <input type="checkbox"/> Special studies (list): _____ on _____ (date) at _____ : _____ am/pm <input type="checkbox"/> None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.				
Date / Time of Visit <u>1/31 9:34</u> Discharge Time <u>1/31</u>	EMPLOYEE'S SIGNATURE <u>(b) (6)</u>	DOCTOR'S SIGNATURE 	Visit Type: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow-up	Role of Doctor: <input type="checkbox"/> Designated doctor <input type="checkbox"/> Carrier-selected RME <input type="checkbox"/> DWC-selected RME	<input checked="" type="checkbox"/> Treating doctor <input type="checkbox"/> Referral doctor <input type="checkbox"/> Consulting doctor <input type="checkbox"/> Other doctor



***** -IND. XMT JOURNAL- ***** DATE FEB-21-2008 ***** TIME 14:55 *****

DATE/TIME = FEB-21-2008 14:53
JOURNAL No. = 039
COMM. RESULT = OK
PAGE(S) = 003
DURATION = 00:00:29
FILE No. = 408
MODE = MEMORY TRANSMISSION
DESTINATION = 7133162191
RECEIVED ID = / 7133162191
RESOLUTION = STD

-CES Environmental Service-

***** DP-3010 ***** -

- ***** - 713 676 1676- *****

***** -IND. XMT JOURNAL- ***** DATE FEB-29-2008 ***** TIME 12:28 *****

DATE/TIME = FEB-29-2008 12:26
JOURNAL No. = 136
COMM. RESULT = OK
PAGE(S) = 002
DURATION = 00:00:19
FILE No. = 702
MODE = MEMORY TRANSMISSION
DESTINATION = 7133162191
RECEIVED ID = / 7133162191
RESOLUTION = STD

-CES Environmental Service-

***** DP-3010 ***** -

- ***** - 713 676 1676- *****



4904 Griggs Road
Houston, TX 77021
Phone: (713) 676-1460
Fax: (713) 676-1676

Fax

To: Texas Mutual

From: Karl Guidry

Mobile: (832) 287-0862

Fax: 713-316-2191

Pages: Pages to follow 41

Attn: Michelle Gatlin

Date: February 21, 2008

Michelle,

Documents we discussed related to (b) (6)

He advised that (b) (6) had to sign w/other hand.
His writing hand is the injured hand.

Karl Guidry

Regards
Karl Guidry



CERTIFIED MAIL
RETURN RECEIPT REQUESTED

February 21, 2008

(b) (6)
[REDACTED]
HOUSTON, TEXAS 77028

TEXAS MUTUAL CLAIM 99J0000517921

Dear (b) (6),

CES Environmental Services, Inc. would like to offer you a temporary, modified job duty assignment at the facility Tank Wash area, located at 4904 Griggs Rd in Houston, Texas. The schedule for this position is 5:00 am to 2:00 pm Monday through Friday, and the job pays \$13.50 per hour, which is your current rate of pay. The job duties meet the work restrictions certified by Dr. Patricia Janki, whose work status report is attached.

The job involves filing Material Safety Data sheets in the Tank Wash office. Your duties will involve sitting at the work station and sorting MSDS' prior to filing them in the hard copy book. This job will not require the use of your left hand.

While assigned to this modified -duty job position we will only assign tasks that are consistent with your physical abilities, knowledge and skills. Training will be provided as necessary.

Please contact me as soon as possible if you are willing to accept this temporary, modified job assignment.

A handwritten signature in black ink, appearing to read 'Karl A. Guidry', is written over a horizontal line.

KARL A. GUIDRY
CES Environmental Services, Inc.
HSE Manager

Enclosed: TWC Work Status Report

Accept (b) (6) _____ Date 2-29-08

Decline _____ Date _____

EPAHO043000478

2886-02-05-00133

Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation and may be entitled to certain medical and income benefits. For further information call your local Division field office or 1(800)-252-7031.



Empleado - Es necesario que reporte su lesión a su empleador dentro de 30 días a partir de la fecha en que se lesionó si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte de la División de Compensación para Trabajadores, y también puede tener derecho a ciertos beneficios médicos y monetarios. Para mayor información consulte con la oficina local de la División al teléfono 1-800-252-7031.

TEXAS WORKERS' COMPENSATION WORK STATUS REPORT

PART I: GENERAL INFORMATION		5. Doctor's Name and Degree PATRICIA JANKI, M.D.		(for transmission purposes only)		Date Being Sent 08 JAN 31 AM 9:34	
1. Injured Employee's Name (b) (6)		6. Clinic/Facility Name PATRICIA JANKI, M.D., P.A.		9. Employer's Name CES Environmental Serv		10. Employer's Fax # or Email Address (if known) 08 JAN 31 AM 11:16	
2. Date of Injury 1/24/08		7. Clinic/Facility Doctor Phone # and Fax 713-330-4325 / 330-1910		11. Insurance Carrier Texas Mutual		12. Carrier's Fax # or Email Address (if known) (512) 224-3587	
3. Employee's Description of Injury/Accident broken arm		8. Clinic/Facility Doctor Address (street address) 13601 WOODFOREST BLVD.		City HOUSTON		State TX	
		Zip 77015					

PART II: WORK STATUS INFORMATION (FULLY COMPLETE ONE, INCLUDING ESTIMATED DATES AND DESCRIPTION IN 12(c) AS APPLICABLE)

13. The injured employee's medical condition resulting from the workers' compensation injury:
- ☐ (a) will allow the employee to return to work as of _____ (date) without restrictions.
- ☒ (b) will allow the employee to return to work as of **1/24/08** (date) with the restrictions identified in PART III, which are expected to last through **2/15/08** (date).
- ☐ (c) has prevented and will prevent the employee from returning to work as of _____ (date) and is expected to continue through _____ (date). The following describes how this injury prevents the employee from returning to work:

PART III: ACTIVITY RESTRICTIONS* (ONLY COMPLETE IF BOX 13(b) IS CHECKED)

14. POSTURE RESTRICTIONS (if any): Max Hours per day: 0 2 4 6 8 Other _____ Standing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Kneeling/Squatting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Bending/Stooping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Pushing/Pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____		17. MOTION RESTRICTIONS (if any): Max Hours per day: 0 2 4 6 8 Other _____ Walking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Climbing stairs/ladders <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Grasping/Squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Overhead Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____		18. MISC. RESTRICTIONS (if any): <input type="checkbox"/> Max hours per day of work: _____ <input type="checkbox"/> Sit/Stretch breaks of _____ per _____ <input type="checkbox"/> Must wear apron/cas at work <input type="checkbox"/> Must use crutches at all times <input type="checkbox"/> No driving/operating heavy equipment <input type="checkbox"/> Can only drive automatic transmission <input type="checkbox"/> No work / <input type="checkbox"/> hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding <input type="checkbox"/> Must keep _____ <input type="checkbox"/> Elevated <input type="checkbox"/> Clean & Dry <input type="checkbox"/> No skin contact with: _____ <input type="checkbox"/> Dressing changes necessary at work <input type="checkbox"/> No Running	
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16. OTHER RESTRICTIONS (if any): No use of left hand					

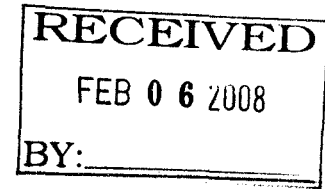
* These restrictions are based on the doctor's best understanding of the employee's essential job functions. If a particular restriction does not apply, it should be designated. If modified day that meets these restrictions is not available, the patient should be considered to be off work. Note - these restrictions should be followed outside of work as well as at work.

PART IV: TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION

21. Work Injury Diagnosis Information: ① forearm fracture		22. Expected Follow-up Services Include: <input checked="" type="checkbox"/> Evaluation by the treating doctor on 2/15/08 (date) at 11:30 am/pm <input type="checkbox"/> Referral to/Consult with ortho on _____ (date) at _____ am/pm <input type="checkbox"/> Physical medicine X per week for _____ weeks starting on _____ (date) at _____ am/pm <input type="checkbox"/> Special studies (list): _____ on _____ (date) at _____ am/pm <input type="checkbox"/> None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.	
Date / Time of Visit 1/31 9:34 Discharge Time 1/31 11:16	EMPLOYEE'S SIGNATURE (b) (6)	DOCTOR'S SIGNATURE 	Visit Type: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow-up Role of Doctor: <input type="checkbox"/> Designated doctor <input type="checkbox"/> Carrier-selected M.D. <input type="checkbox"/> DWC-selected M.D. <input checked="" type="checkbox"/> Treating doctor <input type="checkbox"/> Referral doctor <input type="checkbox"/> Consulting doctor <input type="checkbox"/> Other doctor



February 4, 2008



C E S ENVIRONMENTAL SERVI
4904 GRIGGS RD
HOUSTON, TX 770213208

Re: Claim #: 99J0000517921
Employee: (b) (6)
Soc. Sec.: (b) (6)
Employer: C E S ENVIRONMENTAL SERVI
Date of Injury: 01/24/2008
DWC #:

In accordance with the Division of Workers' Compensation Rules, we are requesting that you submit the information indicated below. The DWC3 and DWC6 forms are available for printing from our website, www.texasmutual.com, under services, or from the division's website, www.tdi.state.tx.us. For your convenience, a DWC3 is now available for you to complete and submit on-line. It is located on our website, www.texasmutual.com under the Employers - Loss Run & Claims Detail Section. If you need assistance with filing the DWC3 on-line please contact me. If you do not have access to the Internet, we will be happy to send you a blank form.

☒ **DWC3 EMPLOYER'S WAGE STATEMENT (Rule 128.2) - Please fax or email attachment or use the on-line version (www.texasmutual.com).**

OR

☐ **DWC3SD EMPLOYER'S WAGE STATEMENT FOR SCHOOL DISTRICTS (Rule 128.7)**

☐ **DWC6 EMPLOYER'S SUPPLEMENTAL REPORT OF INJURY OR ILLNESS (Rule 120.3) - Please fax or email attachment. The following time frames apply.**

Within 10 days after:

- The end of each pay period in which the employee's earnings have changed as a result of the injury, OR
- The employee returns to work, or the employee, after returning to work experiences an additional day(s) of disability as a result of the injury.

Within 3 days after:

- The employee begins to lose time from work as a result of the injury, OR
- The employee returns to work, or the employee, after returning to work experiences an additional days(s) of disability as a result of the injury

AND

☐ **EMPLOYEE ACKNOWLEDGEMENT OF WORKERS' COMPENSATION NETWORK FORM (This form(s) shall be completed, signed and submitted). Please fax or send attachment via email as soon as possible.**

☐ **COPY OF THE POST-ACCIDENT DRUG SCREEN RESULTS**

Failure to provide the required information is an administrative violation and may result in the assessment of a penalty from the Division of Workers' Compensation.

Thank you for your prompt attention to this matter. If you have any questions, please call me at 1-800-859-5995 EXT. 2120.

Sincerely,

Michele Y. Gatlin/MC

Michele Y. Gatlin
WORKERS' COMPENSATION SPEC I

EPAHO043000480

MEMORIAL HERMANN

Breakthroughs every day™

RECEIVED

FEB 01 2008

BY: _____

Occupational Medicine Services

ALL DRUG SCREEN RESULTS WILL BE CALLED TO THE DESIGNATED
EMPLOYER REPRESENTATIVE
THEN THE RESULTS WILL BE FAXED OR MAILED

Address: 6411 Fannin, Suite H 1.21, Houston, Texas 77030-1501

Phone: Facilitator (24 hours) 713-704-3100, Manager (Bill Boras) 713-704-5840

Fax: 713-704-4445

www.memorialhermann.org

Faxed / Mailed To:
Name: HSE Manager
Organization: CES Environmental Services
Address: 4904 Griggs Rd Hst, TX 77021
Phone: 713-832-2870 862 Fax: 713-676-1676

- Urgent
- For Review
- Please Comment
- Please Reply

Date sent: 1-28-08

Time sent: 1000

Number of pages including cover page: 2

Message: The attached are results for a drug screen collected at Memorial Hermann Hospital. Below is the patient's information.

Occupational Medicine Staff mailing results:

GERI PARSONS

PATIENT: Name: _____

Date of Drug Screen: 1-4-08 SS #: _____

OR Date of Birth: _____

Date of Reported: 1-28-08

Confidentiality Notice

WARNING: Unauthorized interception of this fax communication could be a violation of federal and state law. The documents accompanying this fax transmission may contain information that is legally privileged. The information is intended only for use by the recipient. You are hereby notified that any disclosure, copying, distribution, or taking of any action on the contents of this faxed information is strictly prohibited. If you have received this information in error, please immediately notify sender by telephone to arrange for the return of the original documents.



EPAHO043000481

PATIENT INFORMATION
MRN384963188024

REPORT STATUS **Final**

Employer Solutions
CLIENT SERVICE 800.877.7484

ORDERING PHYSICIAN

SPECIMEN INFORMATION
SPECIMEN: 355611I
REQUISITION: 4396514
LAB REF NO: MRN384963188024

Primary Id: MRN384963188024
Sec Id: (b) (6)

CLIENT INFORMATION
60068633
MEMORIAL HERMANN TMC
BILL BORAS / GERI PARSONS
6411 FANNIN ST
HOUSTON, TX 77030

COLLECTED: 01/24/2008 14:25
RECEIVED: 01/25/2008 05:11
REPORTED: 01/26/2008 03:02 Reason: POST ACCIDENT

Tests Ordered: 35190N (SAP 10-50/2000 W/NIT)

Integrity Checks

Acceptable Range

CREATININE	44.5 mg/dL	>/= 20 mg/dL
OXIDIZING ADULTERANTS	Negative	
pH	6.8	4.5-8.9

Substance Abuse Panel

	Initial Test Level	GC/MS Confirm Test Level
--	-----------------------	-----------------------------

AMPHETAMINES	Negative	1000 ng/mL	500 ng/mL
BARBITURATES	Negative	300 ng/mL	200 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL	200 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL	15 ng/mL
METHADONE	Negative	300 ng/mL	200 ng/mL
METHAQUALONE	Negative	300 ng/mL	200 ng/mL
OPIATES	Negative	2000 ng/mL	2000 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL	200 ng/mL

CERTIFYING SCIENTIST: James Lind

SPECIMEN RECEIVED AND PROCESSED IN THE LENEXA DHHS CERTIFIED LABORATORY.

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

>> END OF REPORT <<

01/28/08

(b) (6) Accident Report

On 01/24/08 (b) (6) was washing a tank in bay one around eleven am. The latter he was on broke and caused him to fall off it. He broke his wrist and had some injury to his left hip. He lost conscious and Hannah then advised supervisors to get some help.



Claim & Information Services

P.O. Box 12029

Austin, TX 78711-2029

1-800-859-5995 (512) 224-3800

Fax (512) 224-3889

Sample Bona Fide Offer of Employment

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

February 7, 2008

[EMPLFLNAME]
[EMPLADDRESS1]
[EMPLADDRESS2]
[EMPLCITY], [EMPLSTATE] [EMPLZIP]

Dear [EMPLFLNAME],

Company, Inc. would like to offer you a temporary, modified duty job assignment at our main assembly plant, located at 2121 Main Street in Austin, Texas. The schedule for this position is 8:00am to 5:00pm Monday through Friday, and the job pays \$12.50 per hour. The job duties meet the work restriction certified by Dr. Smith, whose work status report is attached.

The job is in the night vision fabrication department as a helmet fabricator. Your duties will involve sitting at your workstation, frequently lifting parts weighing two pounds from a box adjacent to your workstation, and gluing and assembling the helmets. Then as you complete each helmet (twice an hour), you will be required to lift it onto the conveyor belt beside you. Each completed helmet weighs 12 pounds. The job would not require you to stand or walk, since parts can be brought to your workstation.

While you are working in this modified-duty job assignment we will only assign tasks that are consistent with your physical abilities, knowledge, and skills. We will provide training if necessary.

Please contact me as soon as possible at [EMPRBSPHONE] if you are willing to accept this temporary, modified duty job assignment.

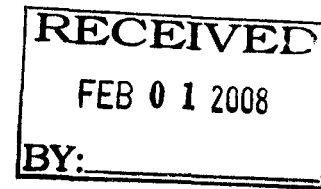
Sincerely,

Fed Company, president
[EMPRNAME]

Enclosed: DWC73

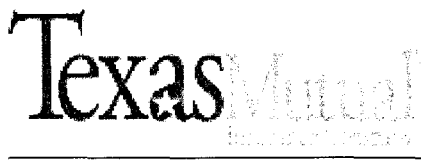
Accept _____ Date _____
Decline _____ Date _____

C E S ENVIRONMENTAL SERVICES I
4904 GRIGGS RD
HOUSTON TX 77021-3208



Texas Mutual Insurance Company P.O. Box 12029 Austin, TX 78711-2029
Phone: (800) 859-5995; Fax: (512)224-3889

EPAHO043000485



01/29/2008

C E S ENVIRONMENTAL SERVICES I
4904 GRIGGS RD
HOUSTON TX 77021-3208

Notification Confirming Receipt of Claim

Date of Injury: 01/24/2008
Injured Worker: (b) (6)
Claim Number: 99J0000517921
Policy Number: 0001086044

Attached is a copy of the information you reported to Texas Mutual Insurance Company which was used to establish this claim. You may submit additional claim information to Texas Mutual Insurance Company. If you have questions regarding this report of injury please contact us at (800) 859-5995.

If your policy includes our workers' compensation health care network option you are required by law to obtain a second Employee Acknowledgement of Workers' Compensation Network Form signed by the injured worker. Please submit a copy of the signed, second acknowledgement form to Texas Mutual Insurance Company. You can find a copy of the form online at www.texasmutual.com/hcn/hcn.shtm

Below please find information that will help you through the claim process:

To submit additional claim information:

Mail to: P. O. Box 12029
Austin, Texas 78711-2029
Fax to: (512) 224-3889

To locate a treating doctor:

www.texasmutual.com/workers/iwADL.shtm

To contact the handling adjuster:

Call: (800) 859-5995
Monday - Friday; 8:00 a.m. - 5:30 p.m.

To obtain a copy of the Employer and Employee Rights and Responsibilities in the Workers' Compensation System:

www.texasmutual.com/employers/erRights.shtm

To locate a pharmacy, or for pharmacy questions, contact Scripnet:

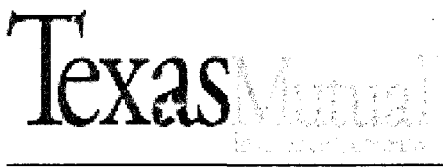
Call: (888) 880-8562
www.scripnet.com

To obtain a copy of the Employer and Employee Rights and Responsibilities for the workers' comp health care network:

www.texasmutual.com/hcn/hcn.shtm

Additional Texas Mutual® online services at www.texasmutual.com, available 6 a.m. - 9 p.m., include:

- o Obtain logon id, or for immediate logon id, call (800) 859-5995, M-F, 8:00 a.m. - 5:30 p.m.
- o Submit first report of injury in the Employers section
- o Submit wage statement when reviewing loss runs and claim details
- o Obtain specific claim summary information



Claim Number: 99J0000517921

Notification Date: 01/29/2008

EMPLOYER'S FIRST REPORT OF INJURY

INJURED EMPLOYEE

Name: (b) (6)
SSN: XXX-XX-(b) (6)
Mailing Address: (b) (6)
HOUSTON TX 77028

County: HARRIS

Physical Address:

County:

Home Phone: (b) (6)
Date of Birth: 09/06/1975
Marital Status: Married
Gender: Male Dependents: 00
Language: English

MEDICAL PROVIDER

Name:
Tax ID:
Address:

Phone: Ext: Fax:

ATTORNEY

Represented by Attorney:
Name:
Phone:

BUSINESS/EMPLOYER

Name: C E S ENVIRONMENTAL SERVICES I
Address:
4904 GRIGGS RD
HOUSTON TX 77021-3208

Phone: (713)676-1460 Ext: Fax: (713)676-1676

Policy Number: 0001086044

FEIN: 760592985

Location ID:

EMPLOYMENT

Occupation:
Hire Date: (b) (6) State: TX
Partner/Officer/Owner: No
Date Lost Time Began: 01/25/2008
Return to Work Date: 00/00/0000
Last Paycheck was:
Wage:
Frequency:

Hours/Week: Days/Week:
Period Start: 00/00/0000 Period End: 00/00/0000
Supervisor
Name: MARLIN MOSER
Phone: Ext:

PREPARER OF REPORT

Name: KARL A GUIDRY
Phone: (713)676-1460 Ext: Fax: (713)676-1676
Email:

INJURY INFORMATION

Date of Injury: 01/24/2008 Time: 11:30
Date Reported: 00/00/0000
Nature of Injury: FRACTURE

Cause of Injury: FALL/SLIP OR TRIP
INJURY-FROM LADR OR
SCAFFOLDING
Part of Body: WRIST

Fatality: No

Address Where Injury Occurred:
4904 GRIGGS RD
HOUSTON TX 77021

County: HARRIS
Witnesses:
Name: Phone:
Name: Phone:
Name: Phone:

How and Why the Injury/Illness Occurred

FRACTURED. WRIST. LADDER BROKE, EMPLOYEE FELL 9 FEET.

EPAHO043000487



4904 Griggs Road
Houston, TX 77021
Phone: (713) 676-1460
Fax: (713) 676-1676

Fax

To: Texas Mutual

From: Karl Guidry

Mobile: (832) 287-0862

Fax: 713-316-2191

Pages: Pages to follow

Attn: Marilyn Royer

Date: February 4, 2008

Marilyn,
Second Employee Acknowledgement of Workers Compensation Network related to (b) (6)
[REDACTED]

Karl Guidry

EPAHO043000488

Employee Acknowledgment of Workers' Compensation Network

I have received information that tells me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this information, I understand that:

1. I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual at (800) 859-5995, extension 2880 to notify them of my choice.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.
5. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and or imprisonment.

(b) (6)

[Redacted]

Printed Name

4-21-07
Date

I live at:

(b) (6)

[Redacted]

Street Address

Houston
City

TX
State

77028
Zip Code

Name of Employer: CES Environmental Services, Inc

Name of Network: Texas Star Network_{SM}

Network service areas are subject to change.

Call (800) 381-8067 if you need a network treating provider.

Please indicate whether this is the:

☒ Initial Employee Notification

☐ Injury Notification (Date of Injury: _____)

**DO NOT RETURN THIS FORM TO TEXAS MUTUAL
INSURANCE COMPANY UNLESS REQUESTED**

***** -IND. XMT JOURNAL- ***** DATE FEB-04-2008 ***** TIME 14:52 *****

DATE/TIME = FEB-04-2008 14:51
JOURNAL No. = 075
COMM. RESULT = OK
PAGE(S) = 002
DURATION = 00:00:22
FILE No. = 848
MODE = MEMORY TRANSMISSION
DESTINATION = 7133162191
RECEIVED ID = / 7133162191
RESOLUTION = STD

-CES Environmental Service-

***** DP-3010 ***** -

- ***** - 713 676 1676- *****



Claim & Information Services

P.O. Box 12029

Austin, TX 78711-2029

1-800-859-5995 (512) 224-3800

Fax (512) 224-3889

Checklist for Make a Bona Fide Offer of Employment

When the treating doctor releases one of your injured employees to return to work in any capacity, you should make a bona fide (valid) offer of employment to the employee. To be bona fide, the offer must meet requirements set by the Texas Department of Insurance, Division of Workers' Compensation, in rule 129.6. These requirements became effective 12-26-1999.

The Division established these requirements because making a bona fide offer of employment can affect a worker's income benefits. When deciding whether an offer is bona fide, the division considers the following:

- Was the offer made in writing with the DWC73 attached?
- What location will the employee be working at? Is it geographically accessible? (DWC considers a job geographically accessible depending on the affect that the employee's physical limitations have on the employee's ability to travel; the distance that the employee will have to travel; the availability of transportation and whether the offered work schedule is similar to the employee's prior work schedule.)
- What hours will the employee be working?
- What wages will the employee be paid?
- Is the job consistent with the doctor's certification of the employee's work abilities?
- Was there a statement that the employer will only assign tasks consistent with the employee's physical abilities, knowledge, and skills and will provide training if necessary.

We have provided a sample letter to help you make a bona fide offer. We can help if you have questions or need additional information. Follow this checklist when you write your own offer:

- Include a copy of the DWC73, Work Status Report.
- State the job title, the hourly or weekly wages, the hours of work, and where the employee will work.
- Describe the job duties.
- Describe the maximum physical requirements of the job.
- Include a statement that you will only assign tasks consistent with the employee's physical abilities, knowledge, and skills and will provide training if necessary.
- If the employee is more fluent in a language other than English, translate the letter into the appropriate language. We can help you with the translation.
- Deliver the offer during the time the employee is eligible for workers' compensation income benefits.
- Send the offer by certified mail, return receipt requested, and by regular mail.
- Send a copy of the letter and mail receipt to the handling Workers' Compensation Specialist.

If you have questions or need additional information, call the handling Workers' Compensation Specialist at 1-800-859-5995.



For Forms & Safety Info:
See us on the web www.TexasMutual.com

TO: Karl Guidry
FAX: 7/ 676 -1676 *NOT going through*
TEL: _____ *713/748-8664*

FROM: MICHELE Y. GATLIN, Workers Comp Specialist

Tel: 1-800-859-5995 x2120 or 713-316-2120

Fax: 512-224-3889 or 713-316-2191

Number of pages including cover sheet: 5

Comments:

Bona fide offer

(b) (6)

Also pls call me back on his w/s,
wage statement. ON week 13 does this
include his date of injury, If so PLEASE
Revise this week not to include date of
injury.

*Marked
Michele*

Claims and Insurance Services
P.O. Box 12029, Austin, TX 78711

EPAHO043000492



CLAIM # _____

Carrier # _____

SUPPLEMENTAL REPORT OF INJURY**Part I EMPLOYER INFORMATION**

1. Employer business name	2. Employer phone #
3. Employer mailing address	
4. Insurance carrier name	
5. Does the employer have return to work (RTW) opportunities available based on the injured worker's current capabilities? yes <input type="checkbox"/> no <input type="checkbox"/> If so, identify contact person and phone # _____	
6. Has the insurance carrier provided RTW coordination services within the past 12 months? yes <input type="checkbox"/> Date _____ no <input type="checkbox"/>	
7. Has the employer requested RTW training from DWC or the insurance carrier? yes <input type="checkbox"/> no <input type="checkbox"/>	
8. Has the insurance carrier provided accident prevention services in the past 12 months? yes <input type="checkbox"/> Date _____ no <input type="checkbox"/>	
9. Has the employer requested accident prevention services from the insurance carrier? yes <input type="checkbox"/> no <input type="checkbox"/>	

Part II REASON FOR FILING THIS REPORT (deadlines vary, see instructions)

10. <input type="checkbox"/> a. The injured worker returned to work in either a full or limited capacity: File this report within 3 days.
<input type="checkbox"/> b. The injured worker is earning more or less than the pre-injury wage because of the injury: File within 10 days.
<input type="checkbox"/> c. The injured worker returned, then later had additional lost time or reduced wages as a result of the injury: File within 3 days.
<input type="checkbox"/> d. The injured worker resigned or was terminated from employment: File within 10 days.

Part III INJURED WORKER INFORMATION

11. Injured worker name	12. SSN	13. DOI
14. Injured worker mailing address and phone #		
15. First day of lost time or reduced wages for this injury (mm/dd/yyyy)	16. First day of additional lost time or reduced wages (mm/dd/yyyy)	
17. Has the injured worker experienced 8 days (cumulative) of lost time or reduced wages as a result of the injury? yes <input type="checkbox"/> no <input type="checkbox"/> If yes, the date of the 8 th day (mm/dd/yyyy) _____		
18. Date of most recent RTW _____ <input type="checkbox"/> Full duty, full pay <input type="checkbox"/> Limited duty, full pay <input type="checkbox"/> Limited duty, reduced pay	19. Has the injured worker resigned, been terminated or died? yes <input type="checkbox"/> no <input type="checkbox"/> date of resignation _____ date of termination _____ date of death _____ 19a. Reason for resignation/termination _____ 19b. Was the injured worker on limited duty when terminated? yes <input type="checkbox"/> no <input type="checkbox"/>	
20. Hours the injured worker was working during the pay period of _____ to _____ : _____ hours per week	21. Weekly/hourly earnings for the pay period of _____ to _____ : \$ _____ weekly or \$ _____	
Indicated hours are: <input type="checkbox"/> Increase from pre-injury <input type="checkbox"/> Same as pre-injury <input type="checkbox"/> Decrease from pre-injury	Indicated wages are: <input type="checkbox"/> Increase from pre-injury wage <input type="checkbox"/> Same as pre-injury wage <input type="checkbox"/> Decrease from pre-injury wage	

This form to be filed with: The employer's insurance carrier and the injured worker in the timeframe as noted in Part II.

22. To the best of my knowledge the information provided in this report is accurate and may be relied upon for evaluation of eligibility for benefits.

Submitted by: ☐ Employer ☐ Injured Worker (If no longer working for the employer where injury occurred.)

Signature and Title of person completing this form _____

Date _____



Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation and may be entitled to certain medical and income benefits. For further information call your local Division field office or 1(800)-252-7031.



Empleado - Es necesario que reporte su lesión a su empleador dentro de 30 días a partir de la fecha en que se lesionó si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte de la División de Compensación para Trabajadores, y también puede tener derecho a ciertos beneficios médicos y monetarios. Para mayor información comuníquese con la oficina local de la División al teléfono 1-800-252-7031.

REPORT OF MEDICAL EVALUATION

PART I: GENERAL INFORMATION			CLAIM #: NA		
4. Injured Employee's Name (Last, First, MI) (b) (6)			9. Certifying Doctor's Name and Licensure DAVID C RANDALL, MD		
1. Workers' Compensation Insurance Carrier TEXAS MUTUAL	5. Date of Injury 01-24-2008	6. Social Security Number (b) (6)	10. Certifying Doctor's License Number and Jurisdiction J2269		
2. Employer's Name CES ENVIRONMENTAL	7. Employee's Phone# (b) (6)	11. Certifying Doctor's Phone & Fax # (Ph) 713-453-6909 (Fax) 713-453-7627			
3. Employer's Address 4904 GRIGGS ROAD	8. Employee's Address (b) (6)	12. Certifying Doctor's Address 12930 EAST FREEWAY			
City HOUSTON	State TX	Zip 77021	City (b) (6)	State (b) (6)	Zip (b) (6)
City HOUSTON	State TX	Zip 77015	City HOUSTON	State TX	Zip 77015

PART II: DOCTOR'S ROLE AND CERTIFICATION

13. Indicate which role you are serving in the claim in performing this evaluation. Only a doctor serving in one of the following roles is authorized to evaluate MMI/impairment and file this report (Workers' Compensation Rule 130.1 governs such authorization):

☒ Treating Doctor ☐ Doctor Selected by Treating Doctor acting in place of the Treating Doctor ☐ Designated Doctor Selected by the Division
☐ Carrier-Selected RME Doctor approved by the Division to evaluate MMI and/or permanent impairment after a Designated Doctor examination. NOTE - If you are not authorized by Rule 130.1 to file this report, you will not be paid for this report or the MMI/Impairment examination.

14. I HEREBY CERTIFY THAT THIS REPORT OF MEDICAL EVALUATION is complete and accurate and complies with the Texas Workers' Compensation Act and applicable rules, and I understand that making a misrepresentation about a workers' compensation claim is a crime that can result in fines and/or imprisonment.

Signature of Certifying Doctor: *David Randall*

Date of Certification: 5/15/08

PART III: MEDICAL STATUS INFORMATION

15. Date of Exam 05 / 09 / 2008	16. Diagnosis (ICD-9 Codes) 8 1 3 4 2	1) _____	2) _____	3) _____	4) _____
------------------------------------	--	----------	----------	----------	----------

17. Indicate whether the employee has reached Clinical or Statutory MMI based upon the following definitions:

Clinical Maximum Medical Improvement (Clinical MMI) is the earliest date after which, based upon reasonable medical probability, further material recovery from or lasting improvement to an injury can no longer reasonably be anticipated.

Statutory MMI is the later of: (1) the end of the 104th week after the date that temporary income benefits (TIBs) began to accrue; or (2) the date to which MMI was extended by the Division through operation of Texas Labor Code §408.104.

a) ☒ Yes, I certify that the employee reached ☐ STATUTORY / ☒ CLINICAL (mark one) MMI on 05 / 09 / 2008 (may not be a prospective date) and have included documentation relating to this certification in the attached narrative. OR

b) ☐ No, I certify that the employee has NOT reached MMI but is expected to reach MMI on or about ____ / ____ / _____. The reason the employee has not reached MMI is documented in the attached narrative.

NOTE - The fact that an employee reaches either Clinical MMI or Statutory MMI does not signify that the employee is no longer entitled to medical benefits.

PART IV: PERMANENT IMPAIRMENT

18. If the employee has reached MMI, indicate whether the employee has permanent impairment as a result of the compensable injury.

"Impairment" means any anatomic or functional abnormality or loss existing after MMI that results from a compensable injury and is reasonably presumed to be permanent. The finding that impairment exists must be made based upon objective clinical or laboratory findings meaning a medical finding of impairment resulting from a compensable injury, based upon competent objective medical evidence that is independently confirmable by a doctor, including a designated doctor, without reliance on the subjective symptoms perceived by the employee.

a) ☐ I certify that the employee does not have any permanent impairment as a result of the compensable injury. OR

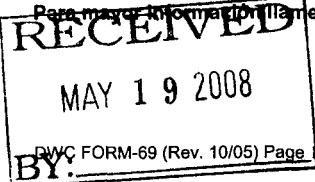
b) ☒ I certify that the employee has permanent impairment as a result of the compensable injury. The amount of permanent impairment is 4 %, which was determined in accordance with the requirements of the Texas Workers' Compensation Act and Workers' Compensation Rules. The attached narrative provides documentation involved in the calculation of the impairment rating assigned using the following edition of the Guides to the Evaluation of Permanent Impairment published by the American Medical Association (AMA): ☐ third edition, second printing, February 1989. OR ☒ fourth edition, 1st, 2nd, 3rd, or 4th printing, including corrections and changes issued by the AMA prior to May 16, 2000.

PART V: TREATING DOCTOR'S AGREEMENT OR DISAGREEMENT WITH ANOTHER DOCTOR'S CERTIFICATION

19. Treating Doctor's Name and Degree	22. <input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the certifying doctor's certification of MMI.
20. Treating Doctor's License Number and Jurisdiction	23. <input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the certifying doctor's finding of no impairment. OR
21. Treating Doctor's Phone & Fax # (Ph) _____ (Fax) _____	<input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the impairment rating assigned by the certifying doctor.
24. I understand that making a misrepresentation about a workers' compensation claim is a crime that can result in fines and/or imprisonment.	
Signature of Treating Doctor: _____ Date: _____	

NOTE: With few exceptions, you are entitled by law to know, review, and correct information that DWC collects on its forms about you. For more information, call our Open Records section at 512-804-4437.

NOTA: Usted tiene derecho por ley de saber, revisar y corregir información que la División ha recogido en sus formularios con algunas excepciones. Para mayor información llame a la sección de archivo abierto "Open Records" al teléfono 512-804-4437.



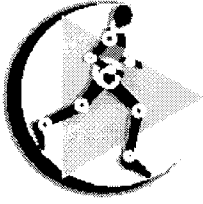
Date Stamp

DIVISION OF WORKERS' COMPENSATION

EPAHO043000494

EAST HOUSTON ORTHOPEDICS & SPORTS MEDICINE, PA

12930 East Freeway Houston, TX 77015 713-453-6909 Fax: 713-453-7627
3801 Vista Road Suite 450 Pasadena, TX 77504 713-941-1200 Fax: 713-941-0999
www.EastHoustonOrthopedics.com



Stacy C. Moseley
Administrator

Bruce R. Weiner, M.D.
David C. Randall, M.D.
E. Brooke Roberts, M.D.

Board Certified
Fellows American Academy
of Orthopedic Surgeons

DWC-69 FINAL REPORT

TODAY'S DATE: 05/09/08

PATIENT: (b) (6)
DOB: (b) (6)
PATIENT ID: 88716

(b) (6) has been determined to be at MMI. Per the guidelines established in the American Medical Association's "Guide to the Evaluation of Permanent Impairment" 4th ed, the patient has 4% whole person impairment. Please see the attached worksheet and my final report. Please contact me with any questions or concerns.

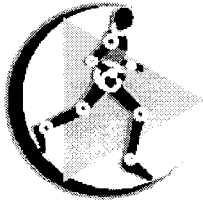
Respectfully yours,

David C. Randall, M.D.

EPAHO043000495

EAST HOUSTON ORTHOPEDICS & SPORTS MEDICINE, PA

12930 East Freeway Houston, TX 77015 713-453-6909 Fax: 713-453-7627
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David C. Randall, M.D.
E. Brooke Roberts, M.D.

Board Certified
Fellows American Academy
of Orthopedic Surgeons

PHYSICAL THERAPY Impairment Rating

PATIENT NAME: (b) (6)
PATIENT ID: 88716
Diagnosis: s/p ORIF left wrist

DATE: 05/08/08
DOB: (b) (6)

Left wrist ROM:

Flex 42°	Impairment = 3%
Ext 50°	Impairment = 2%
RD 18°	Impairment = 0
UD 24°	Impairment = 1%

Left elbow ROM:

Flex 140°
Ext 0°
Pro 82°
Sup 78°

Total upper extremity impairment = 6%
Impairment of the whole person = 4%

Lanette Meeks MS, PT

Lanette L. Meeks, MS,PT

EPAHO043000496

RECEIVED

Claim and Insurance Services
P.O. Box 12029
Austin, Texas 78711-2029

BY:

NOTIFICATION OF SUSPENSION OF INDEMNITY BENEFIT PAYMENT

DATE: 10/10/2008

TO: (b) (6)
(b) (6)

RE: Date of Injury: 01/24/2008
Nature of Injury: MULTIPLE PHYSICAL INJURIES ONLY
Part of Body Injured: MULTIPLE BODY PARTS(INCL.BODY SYSTEMS & BDY PARTS)
Employee SSN: (b) (6)
DWC #: (b) (6)
Carrier Name: Texas Mutual Insurance Company
Carrier Claim Number: 99J0000517921
Employer: C E S ENVIRONMENTAL SERVI
4904 GRIGGS RD
HOUSTON TX 77021-3208

We have suspended payment of Impairment Income Benefits effective 10/08/2008 because:

IIBS have been exhausted. You are only entitled to medical benefits.

You remain entitled to reasonable and necessary medical benefits related to this injury.

If you do not agree with the suspension of benefit payments, please contact me:

Adjuster's Name: LATONICA N. RAY
Toll Free Telephone #: (800) 859-5995
Fax #/E-mail Address: (512) 224-3889

If we are unable to resolve the issue to your satisfaction, you may contact the Texas Department of Insurance, Division of Workers' Compensation for further assistance. You have the right to request a Benefit Review Conference. You can contact the Division office handling your claim at 1-800-252-7031.

If you would like to receive notices such as this by facsimile or e-mail, please contact me and provide your facsimile number or e-mail address.

Please note that making a false or fraudulent workers' compensation claim is a crime that may result in fines and/or imprisonment.

CC (b) (6)
C E S ENVIRONMENTAL SERVI



CES ENVIRONMENTAL SERVICES, INC.

AUTHORIZATIONS

**Prepared by
THE WCM GROUP, INC.
Humble, Texas**

**PERMIT-BY-RULE AUTHORIZATION FOR
RECYCLE DISTILLATION PROCESSING SYSTEM
METHANOL AND MEK**

**Prepared for
CES ENVIRONMENTAL SERVICES, INC.
Houston, Harris County, Texas**

**Prepared by
THE WCM GROUP, INC.
Humble, Texas**

January 2009

EPAHO043000499

**PERMIT-BY-RULE AUTHORIZATION FOR
RECYCLE DISTILLATION PROCESSING SYSTEM
METHANOL AND MEK**

**Prepared for
CES ENVIRONMENTAL SERVICES, INC.
Houston, Harris County, Texas**

TABLE OF CONTENTS

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INTRODUCTION	ii
1.0 PROCESS DESCRIPTION.....	1
2.0 EMISSIONS SUMMARY.....	2

ATTACHMENTS

A - EMISSION CALCULATIONS

FORMS

TCEQ PI-7CERT FORM

TCEQ §106.4 CHECKLIST

TCEQ §106.261 CHECKLIST

FIGURES

- 1 - SITE LOCATION MAP
- 2 - FACILITY PLOT PLAN
- 3 - PROCESS FLOW DIAGRAM

INTRODUCTION

CES Environmental Services, Inc. (CES) operates a tank container cleaning facility at 4904 Griggs Road in Houston, Harris County, Texas (CN600618946, RN100693282) under Texas Commission on Environmental Quality (TCEQ) Permit Exemption No. 15980 and subsequent Permit-By-Rule (PBR) Registration No. 75375. Additional process operations are authorized under PBR Registration Nos. 83798, 84713, 86772. Standard Permit No. 86272 was issued authorizing installation and operation of a thermal oxidizer for vapor control. CES is submitting the enclosed documentation to demonstrate PBR authorization for the operation of a recycling process to produce Methanol or Methyl Ethyl Ketone (MEK) from aqueous feed streams.

The feed streams consist of either a mixture of Methanol, non-volatile polymers and water or a mixture of MEK and water. The streams enter the facility in a truck tank and are pumped into the recycle distillation processing system. The process separates Methanol or MEK from the feed stream by distillation and recovery of the overhead vapor. The residual water remaining from the recycle distillation process is sent to the existing on-site wastewater treatment facility. Further details on these operations can be found in the Process Description section of this registration.

CES is located in the Houston/Galveston ozone nonattainment area and is classified as a minor source for Volatile Organic Compound (VOC) emissions. The emissions increase associated with this project is approximately 1.2 tons per year (tpy) of VOC. As a result, the project does not trigger nonattainment netting.

A PI-7-CERT form, as well as TCEQ §106.4, and §106.261 Checklists, are provided in the Forms section of this report. Emission calculations are provided in Attachment A. A Site Location Map, Facility Plot Plan, and Process Flow Diagram are included in the Figures section.

1.0 PROCESS DESCRIPTION

A mixture of Methanol, non-volatile polymer solids (primarily Ethylene Vinyl Acetate-Ethylene Vinyl Alcohol Copolymer with small amounts of Ethylene Vinyl Acetate Polymer and Ethylene Vinyl Alcohol Polymer), and water enters the facility through tank truck or other transport vessel. Alternatively, a mixture of MEK and water is received from a tank truck or other transport vessel.

The Methanol mixture may be pumped through a filter to remove the solids if needed and then into the recycle distillation system for processing. When processing the MEK mixture, the feed stream is pumped directly into the recycle distillation system, as filtration is not required.

The recycle distillation system is heated to approximately 120° to 180° F to separate Methanol or MEK from the water. The Methanol or MEK vapor from the recycle distillation process passes through a condenser where it is cooled to approximately 70°F and condensed to liquid form. Emissions of any uncondensed vapor from the distillation system are routed to a diesel scrubber and then to activated carbon drums before being vented to the atmosphere. The condensed material is accumulated in the product tank trailer. The product trailer is also vented to the scrubber/carbon system.

The water remaining from the distillation process is then sent to the existing on-site wastewater treatment facility. The recovered water from the MEK process may be stored in Tanks OT-11 or OT-14 prior to transfer to the wastewater treatment facility. Tanks OT-11 and OT-14 maintain an elevated temperature of approximately 170° when storing the MEK process water. The tanks vent to the existing thermal oxidizer (EPN TO-01) authorized by Standard Permit No. 86272.

2.0 EMISSIONS SUMMARY

Emissions from the Methanol or MEK recovery operation are calculated based on several process steps. Exhaust exiting the carbon units is monitored daily to ensure VOC emitted to the atmosphere remains below 100 ppmv. This limit includes both Methanol and MEK vapors. The emission calculations for all emissions venting through controls are, therefore, conservatively calculated based on the volume displaced and a 100 ppmv concentration of VOC in the carbon bed exhaust. The carbon bed is replaced with fresh carbon when its exhaust concentration reaches 100 ppmv VOC.

Loading and unloading of material to and from the transport vessels is vapor balanced back to the trailer or tank. As a result, there are no emissions from transfer activities except from the disconnecting of transfer lines. Emissions from disconnecting of hoses are calculated assuming the vapor volume inside the hose is saturated with the last material to pass through the hose. It also assumes that all of the liquid residue in the line evaporates and this is calculated using the liquid clingage factor from AP-42 Chapter 7.

Wastewater from the MEK process may contain residual MEK. MEK emissions from storage of the wastewater in tanks OT-11 or OT-14 are calculated using methods specified in AP-42. The tanks vent to the thermal oxidizer (EPN TO-01).

Fugitive emissions from potential leaks at valves, pumps, and connections associated with this project are calculated using the methods and emission factors specified in the TCEQ document "Air Permit Technical Guidance for Chemical Sources: Equipment Leak Fugitives". No credit is taken for fugitive inspections or monitoring.

The emission calculations for the scrubber/carbon system vent conservatively assume a 100 ppmv concentration for both Methanol and MEK for PBR compliance evaluation purposes. The emission total is based on both Methanol and MEK at full production rates. The total project increase is 1.2 tpy, which is well below the level requiring nonattainment or PSD review.

ATTACHMENT A
EMISSION CALCULATIONS

PBR EVALUATION SUMMARY

Total Emissions

Chemical	CAS	TLV	PBR	Limit		Actual		PBR Compliance	
				lb/hr	tpy	lb/hr	tpy	lb/hr	TPY
Ethylene Vinyl Acetate	24937-78-8	10	N/A	N/A	N/A	0	0	YES	YES
Ethylene Vinyl Alcohol		10	N/A	N/A	N/A	0	0	YES	YES
Ethylene Vinyl Acetate- Ethylene Vinyl Alcohol Copolymer	26221-27-2	10	N/A	N/A	N/A	0	0	YES	YES
Water	7732-18-5	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Methanol	67-56-1	262	106.261	1.0	4.38	0.283	1.175	YES	YES
Methyl Ethyl Ketone (MEK)	78-93-3	560	106.261	1.0	4.38	0.919	1.198	YES	YES
Diesel	68334-30-5	N/A	106.261	6.0	10.0	0.048	0.003	YES	YES
Total VOC	N/A	N/A	N/A	N/A	25	0.981	1.202	N/A	N/A

Diesel is evaluated as a refinery petroleum fraction containing < 10% benzene [106.261(a)(2)]

Notes:

For evaluation purposes, it is conservatively assumed that all process steps can occur in the same hour.

The TLV for Inhalable Particulate Not Otherwise Classified is used for all solid materials.

Total VOC is the sum of emissions for each VOC except that fugitives are counted only once since they were conservatively estimated for each chemical at 8760 hrs of service.

CES Environmental Services
Houston, TX
Estimated Tank Emissions - MEK Process Water

DATA ENTRY				OT-11 or OT-14
Tank Identification		TO-01		
EPN		Separated WW		
Material Stored				
Tank Capacity	Vol., gallons			16,800
Throughput	gallons			260,000
Tank Controlled	Yes/No			Yes
Control Efficiency	e, %			95.00
Shell Height	Hs, ft			20.0
Shell Length	Ls, ft			12.0
Orientation	Vert=1/Horiz=2			1
Fill Rate	gallons/hr			5,000
Molecular Weight, lb/lb-mole				27.162
Vapor Pressure @ Tln, psia	625	R		6.875857
Vapor Pressure @ Tla, psia	630	R		7.649371
Vapor Pressure @ Tlx, psia	635	R		8.487594
Max Vapor Pressure @ Tlx, psia	635	R		8.487594
ESTIMATED EMISSIONS				
Maximum Hourly Losses	Lm, lb/hr			27.445
Standing Losses	Ls, lb/yr			718.51
Working Losses	Lw, lb/yr			1,286.20
Uncontrolled Total Losses	Lt, lb/yr			2,004.71
	Lt, ton/yr			1.0024
Controlled Total Losses	Lmc, lb/hr			1.3723
	Ltc, ton/yr			0.0501
PHYSICAL PARAMETER CALCULATIONS				
Diameter, D	Effective diameter, De			12.0
Avg. Liquid Height	Hl, ft			10.0
Max. Liquid Height	Hlx, ft			19.9
Cone Roof Outage	Hro, ft			0.125
Vapor Space Outage	Hvo, ft			10.125
Vapor space volume	Vv, ft^3			1144.53
Breather vent pressure setting	Pbp, psig			0.03
Breather vent vacuum setting	Pbv, psig			-0.03
Gas Constant	R, psia-ft^3/lb mole-R			10.732
Vapor Density	Wv, lb/ft^3			0.0307
Daily vapor pressure range	^Pv, psia			1.6117
Vapor space expansion factor	Ke			0.286
Vented vapor saturation factor	Ks			0.196
Working Loss Product Factor	Kp			1.00
Net Annual Throughput	Q, bbl/yr			6,190.5
Turnovers	N			15.5
Turnover factor	Kn			1.00

MAX. HRLY LOSSES: $Lm = (Lwmax \times FR) / (N \times Vol)$

STANDING LOSSES: $Ls = 365 \times Vv \times Wv \times Ke \times Ks$

WORKING LOSSES: $Lw = 0.0010 \times Mv \times Pva \times Q \times Kn \times Kp$

$Lwmax = 0.0010 \times Mv \times Pvx \times Q \times Kn \times Kp$

UNCONTROLLED

TOTAL HOURLY LOSSES: $Lt = (Ls + Lw)$

TOTAL ANNUAL LOSSES: $Lt = (Ls + Lw) / 2000 \text{ lb/ton}$

CONTROLLED

TOTAL HOURLY LOSSES: $Lt = (Ls + Lw) \times (1-e/100)$

TOTAL ANNUAL LOSSES: $Lt = (Ls + Lw) / 2000 \text{ lb/ton} \times (1-e/100)$

METEOROLOGICAL CALCULATIONS:

Data Location	Houston, TX	ANNUAL	MAX HRLY
Daily avg. liquid surface temp, R	Tla	630.00	630.00
Daily avg. ambient temp, R	Taa	528.25	543.05
Liquid bulk temp, R	Tb	531.33	546.13
Daily solar insulation factor, Btu/ft^2 day	I	1351	1898
Atmospheric pressure, psia	Pa	14.7	14.7
Daily max. ambient temp, R	Tax	539.1	553.6
Daily min. ambient temp, R	Tan	517.4	532.5
Daily vapor temp. range, R	^Tv	41.35	51.33
Daily max. liquid surface temp., R	Tlx	635.00	635.00
Daily min. liquid surface temp., R	Tln	625.00	625.00
Solar absorbance factor	a	0.68	0.68

Tla, Tln, Tlx values based on temperature control

Speciation			
Component	vapor wt frac.	Emissions	
		lb/hr	TPY
Water	0.551	0.7562	0.0276
MEK	0.449	0.6160	0.0225
Total	1.000	1.372	0.050

5330022 calc.xls

EPAHQ043000507

CES Environmental Services**Displacement Calculations**

Emissions are routed through carbon adsorption beds with a maximum exhaust concentration of 100 ppmv VOC

$$PV = nRT$$

$$n = PV/RT$$

$$n(\text{VOC}) = n * C/1,000,000$$

$$\text{lb} = n * \text{MW} = \text{MW}(PV/RT)$$

MW =	32.04 lb/lbmole	Methanol
MW =	72.11 lb/lbmole	MEK
MW =	130 lb/lbmole	Diesel
P =	14.7 psia	
V =	changes with each transfer	
R =	10.73 (psi*ft3)/(lbmole*R)	
T =	80 F =	540 R
C =	100 ppmv VOC	

Emissions from unloading into distillation tank.

The Methanol or MEK mixture is pumped from the incoming tank truck trailer into the recycle distillation tank.

V (hourly) =	5000	gal/hr =	668.45 ft3/hr
V (annual) =	520,000	gal/yr =	69518.72 ft3/yr

	moles/hr	moles/yr
n =	1.70	176.37
n (VOC) =	1.70E-04	1.76E-02

Emissions		
Chemical	lb/hr	tpy
Methanol	0.00543	0.00028
MEK	0.01223	0.00064
Diesel	0.02205	0.00115

Emissions from distillation tank.

The distillation tank is heated to remove the Methanol or MEK from the water. The overhead vapors are cooled to 80F.

Flow rate is conservatively based on maximum vapor displacement.

V (hourly) =	5000	gal/hr =	668.45 ft3/hr
V (annual) =	520,000	gal/yr =	69518.72 ft3/yr

	moles/hr	moles VOC/hr
n =	1.70	176.37
n (VOC) =	1.70E-04	1.76E-02

Emissions		
Chemical	lb/hr	tpy
Methanol	0.0054	0.0003
MEK	0.0122	0.0006
Diesel	0.0220	0.0011

Emissions from transfer of recovered material to tank truck (loading)

Methanol or MEK recovered from the distillation process is routed into the product truck tank.

V (hourly) =	800	gal/hr =	106.95 ft3/hr
V (annual) =	260,000	gal/yr =	34759.36 ft3/yr

	moles/hr	moles/yr
n =	0.27	88.19
n (VOC) =	2.71E-05	8.82E-03

Emissions		
Chemical	lb/hr	tpy
Methanol	0.0009	0.0001
MEK	0.0020	0.0003
Diesel	0.0035	0.0006

CES Environmental Services
Hose Clearing/Disconnecting Emissions

Hose Length: 30 feet
Hose Diameter: 3 inch = 0.25 ft
Hose Volume: 0.0491 ft³
Events Per Year: 104

Product Loading Hoses:

The liquid hose between the distillation tank and the product tank trailer is blown with air into the tank trailer. The displaced vapors are included in the loading emissions. The hose is then disconnected. The remaining saturated vapor volume in the hose is released to the atmosphere.

$$lb = MW \cdot n = MW(PV/RT)$$

$$V_{pa} = 2.6412 \text{ psia}$$

Material	lb/hr	tpy
Methanol	7.17E-04	3.73E-05
MEK	0.00E+00	0.00E+00

Distillation Tank Transfer Hose:

The same calculation can also represent the disconnecting the hose from the inbound truck to the distillation tank. It is assumed the vapor remaining in the hose is saturated.

$$lb = MW \cdot n = MW(PV/RT)$$

MATERIAL	Liquid Composition (%)	MW (lb/lb-mole)	Mole Fraction	Temperature (F)	VPa (psia)	Emissions	
						(lb/hr)	(tpy)
Methanol	100.00	32.0	3.0169	80	7.968	2.16E-03	1.12E-04
MEK	100.00	72.1	6.7900	80	13.429	8.20E-03	4.26E-04

The non-volatile solids are excluded from the composition to conservatively calculate and evaluate the methanol emissions.

CES Environmental Services
Fugitive Emissions

Distillation Tank

Component Type	Service	Quantity	Emission Factor	Operating Schedule	Emissions	
					lb/hr	tpy
Valves	Light Liquid	20	0.0035	8760	0.0700	0.3066
Valves	Gas/Vapor	6	0.0089	8760	0.0534	0.2339
Flanges	Light Liquid	42	0.0005	8760	0.0210	0.0920
Flanges	Gas/Vapor	16	0.0029	8760	0.0464	0.2032
Pumps	Light Liquid	2	0.0386	8760	0.0772	0.3381
note: no control efficiency taken.					0.2680	1.1738

Speciation		Emissions	
Material	Wt %	lb/hr	tpy
Methanol	100	0.2680	1.1738
MEK	100	0.2680	1.1738
VOC Max		0.2680	1.1738

Emissions for Methanol and MEK conservatively assume 8760 hours of service each, at 100% concentration. This is conservative because both process streams do not occupy the same equipment at the same time.

FORMS



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

I. REGISTRANT INFORMATION			
A. TCEQ Customer Reference Number: CN-600618946		TCEQ Regulated Entity Number: RN-100693282	
<i>Note: If "NO," CN or RN number was entered above; please fill out the required Core Data Form, which will be available in Step II of the submittal process.</i>			
B. Company or Other Legal Customer Name: CES Environmental Services, Inc.			
Company Official Contact Name: Matt Bowman		Title: President	
Mailing Address: 4904 Griggs Road			
City: Houston		State: Texas	Zip Code: 77021
Phone No.: 713-676-1460	Fax No.: 713-676-1676		E-mail Address: mbowman@cesenviornmental.com
C. Technical Contact Name: Philip Evans			Title: Director, Technical Services
Company: The WCM Group, Inc.			
Mailing Address: P.O. Box 3247			
City: Humble		State: Texas	Zip Code: 77347
Phone No.: 281-446-7070	Fax No.: 281-446-3348		E-mail Address: pevans@wcmgroup.com
D. Facility Location Information - Street Address: 4904 Griggs Road			
<i>If "NO," street address, provide written driving directions to the site: (attach description if additional space is needed)</i>			
City: Houston		County: Harris	Zip Code: 77021
II. FACILITY AND SITE INFORMATION			
A. Name and Type of Facility: CES Environmental Services, Inc.			<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Portable
B. PBR claimed under 30 TAC § 106 (List all):			
§ 106. 261		§ 106.	
§ 106.		§ 106.	
§ 106.		§ 106.	
Are you claiming a historical standard exemption or PBR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
<i>If "YES," enter effective date and Rule Number:</i>			



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

II. FACILITY AND SITE INFORMATION (continued)			
C. Is there a previous Standard Exemption or PBR for the facility in this registration? (Attach details regarding changes.)			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter Registration Number and Rule Number:			
D. Are there any other facilities at this site which are authorized by an Air Standard Exemption or PBR?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If "YES," enter Registration Number and Rule Number:			75375, 83798, 84713, 86772 261, 262, 472, 532
E. Are there any other air preconstruction permits at this site?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter Permit Numbers:			X-15980 86272
Are there any other air preconstruction permits at this site that would be directly associated with this project?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter Permit Numbers:			86272
F. Is this facility located at a site which is required to obtain a federal operating permit pursuant to 30 TAC Chapter 122?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> To be determined
If the site currently has an existing federal operating permit, enter the permit number:			
Identify the requirements of 30 TAC Chapter 122 that will be triggered if this certification is accepted.			
<input type="checkbox"/> Initial Application for an FOP		<input type="checkbox"/> Significant Revision for an SOP	
<input type="checkbox"/> Minor Revision for an SOP			
<input type="checkbox"/> Operational Flexibility/off Permit Notification for an SOP		<input type="checkbox"/> Revision for GOP	<input type="checkbox"/> To be Determined <input checked="" type="checkbox"/> None
Identify the type(s) issued and/or FOP application(s) submitted/pending for the site. (Check all that apply)			
<input type="checkbox"/> SOP	<input type="checkbox"/> GOP	<input type="checkbox"/> GOP application/revision application: Submitted or under APD review.	
<input type="checkbox"/> SOP application/revision application: submitted or under APD review.		<input type="checkbox"/> N/A	
G. TCEQ Account Identification Number (if known):		HG 1270 B	
III. FEE INFORMATION			
To determine if a fee is required answer the following question. If "YES," to question III. A., a fee is not required, skip to Section IV. If "NO," to answer II. A., then go to Section III. B. See Section VI. for address to send fee or go to www.2.tceq.state.tx.us/epay to pay online.			
A. Is this registration an update to a previously registered facility and accompanied by a Certification Form solely to establish a federally enforceable emission limit?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. What is the fee amount?			



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

III. FEE INFORMATION (continued)

If "YES," to any of the following three questions, a \$100 fee is require. Otherwise, a \$450 fee is required.

Does this business have less than 100 employees?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Does this business have less than 6 million dollars in annual gross receipts?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Is this registration submitted by a governmental entity with a population of less than 10,000?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. Check/Money Order or Transaction Number (Payable to TCEQ): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Was fee Paid online? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Company name of check: The WCM Group Inc.	Fee amount: \$ 450

IV. SELECTED FACILITY REVIEWS ONLY—TECHNICAL INFORMATION

Note: If claiming one of the following PBRs, complete this section, then skip to Section VI, "Submitting your registration" below:

Animal Feeding Operations § 106.161, Livestock Auction Facilities § 106.162, Saw Mills § 106.223, Grain Handling, Storage and Drying § 106.283, Auto Body Refinishing Facilities §106.436, and Air Curtain Incinerator § 106.496

A. Is the applicable PBR checklist attached which shows the facility meets all general and specific requirements of the PBR(s) being claimed? (If submitting electronically, click "YES.")	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

. Distance from this facility's emission release point to the nearest property line:	feet
Distance from this facility's emission release point to the nearest off-property structure:	feet

V. TECHNICAL INFORMATION INCLUDING STATE AND FEDERAL REGULATORY REQUIREMENTS
Registrants must be in compliance with all applicable state and federal regulations and standards to claim a PBR.

A. Is confidential information submitted and properly marked "CONFIDENTIAL" with this registration?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. Is a process flow diagram or a process description attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. Are emissions data and calculations for this claim attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
D. Is information attached showing how the general requirements (30 TAC § 106.4) of the PBR is met for this Registration? (PBR checklists may be used, but are optional)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Note: Please be reminded that if the facilities listed in this registration are subject to the Mass Emissions Cap & Trade program under 30 TAC Chapter 101, Subchapter H, Division 3, the owner/operator of these facilities must possess NO_x allowances equivalent to the actual NO_x emissions from these facilities.

E. Is information attached showing how the specific PBR requirements are met for this registration? (PBR checklist may be used, but are optional)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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F. Distance from this facility's emission release point to the nearest property line:	100 feet
Distance from this facility's emission release point to the nearest off-property structure:	125 feet

Note: In limited cases, a map or drawing of the site and surrounding land use may be requested during the technical review or at the request of the TCEQ Regional Office or local air pollution control program during an investigation.



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

VI. SIGNATURE FOR CERTIFICATION AND REGISTRATION

The signature below indicates that the Responsible Official has knowledge of the facts herein set forth and that the same are true, accurate, and complete to the best of my knowledge and belief. By this signature, the maximum emission rates listed on this certification reflect the maximum anticipated emissions due to the operation of this facility and all representations in this certification of emissions are conditions upon which the facilities and sources will operate. It is understood that it is unlawful to vary from these representations unless the certification is first revised. The signature certifies that to the best of the Responsible Official's knowledge and belief, the project will satisfy the conditions and limitations of the indicated exemption or permit by rule and the facility will operated in compliance with all regulations of the Texas Commission on Environmental Quality and with Federal U.S. Environmental Protection Agency regulations governing air pollution. The signature below certifies that, based on information and belief formed after reasonable inquiry, the statements and information above and contained in the attached document(s) are true, accurate, and complete. **If you questions on how to fill out this form or about air quality permits. Please call 512/239-1250. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, call 512/239-3282.**

SIGNATURE: _____ <div style="text-align: center;"><i>(ORIGINAL SIGNATURE REQUIRED)</i></div>	DATE: _____
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VII. SUBMITTING COPIES OF THE CERTIFICATION AND REGISTRATION

Copies must be sent as listed below:
Processing delays may occur if copies are not sent as noted.

Who	Where	What
Air Permits Initial Review Team (APIRT)	Regular, Certified, Priority Mail MC161, P.O. Box 13087 Austin, Texas 78711-3087 Hand Delivery, Overnight Mail MC 161, 12100 Park 35 Circle, Building C, Third Floor Austin, Texas 78753 Fax No.: (512) 239-2123 <i>(do not follow fax with paper copies)</i>	Originals Form PI-7, Core Data Form. and all attachments
Revenue Section, TCEQ	Regular, Certified, Priority Mail MC 214, P.O. Box 13088 Austin, Texas 78711-3088 Hand Delivery, Overnight Mail MC 214, 12100 Park 35 Circle, Building A, Third Floor Austin, Texas 78753	Original Money Order or Check Copy of Form PI-7 and Core Data Form
Appropriate TCEQ Regional Office	To find your Regional Office address, go to the TCEQ Web site at www.tceq.state.tx.us , or call (512) 239-1250.	Copy of Form PI-7, Core Data Form, and all attachments.
Appropriate Local Air Pollution Control Program(s)	To Find your local or Regional Air Pollution Control Programs go to the TCEQ, APD Website at www.tceq.state.tx.us/nav/permits/air_permits.html or call (512) 239-1250	Copy of Form PI-7, Core Data Form, and all attachments.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
AIR PERMITS DIVISION

TITLE 30 TAC § 106.4 "QUICK-CHECK" APPLICABILITY CHECKLIST

Company Name: CES Environmental Services, Inc.
Checklist completed by: The WCM Group, Inc. Date: _____
Facility Type: Product recovery
Permit(s) by rule claimed: 30 TAC Chapter §106: 261
Project Description (including equipment, materials, and brief process description):

A recovery distillation processing system will produce Methanol or MEK from organic polymer water mixtures.

CO	0.00	NO _x	0.00	VOC	1.20
PM	0.00	SO ₂	0.00	Other	0.00

The following questions require a "Yes" or "No" answer to be indicated for this permit by rule claim:

A. Title 30 TAC § 106.4(a)(5): Current Permit by Rule Requirements

Yes ☒ No ☐ Have you checked to determine if this exempt project is being claimed under the current version of 30 TAC 106?
If "Yes ", continue to next question If "No ", please contact the Air Permits Division for a copy of the current permit by rule to be claimed.

B. Title 30 TAC § 106.4(a)(7): Permit by rule prohibition check

Yes ☐ No ☒ Are there any air permits under the same account containing permit conditions which prohibit or restrict the use of permits by rule?
If "No ", continue to next question
If "Yes ", permits by rule may not be used or their use must meet the restrictions of the permit.
A new permit or permit amendment may be required.
List permit number(s): _____

C. Title 30 TAC § 106.4(b): Circumvention check

Title 30TAC§ 106.4(b) states "No person shall circumvent by artificial limitations the requirements of§16.110 of this title (covering permitting)." Circumvention by artificial limitations may include but is not limited to:

- dividing a complete project into separate segments to circumvent §106.4(a)(1) limits;*
- claiming feed or production rates below the physical capacity of the project's equipment in order to begin constructing facilities before a permit or permit amendment is approved for full scale operations, particularly when the unit will not be economically viable at less than permitted capacity;*
- claiming a limited chemical list in order to begin constructing facilities before a permit or permit amendment is approved for additional chemicals, particularly when the unit will not be economically viable until the additional chemicals are authorized.*

Yes ☐ No ☒ Does your project meet any of the criteria listed above?
If "No ", continue to next rule question If "Yes ", a permit by rule may not be claimed.

D. Title 30 TAC § 106.4(c) and (d): Compliance with all Rules

Yes ☒ No ☐ Will the facility comply with all rules and regulations of the TCEQ, the intent of the Texas Clean Air Act, and any local permitting or registration requirements? *If "Yes ", continue to next rule question If "No ", a permit by rule may not be claimed.*

E. Title 30 TAC § 106.4(a)(1): Emission limits check

Yes ☒ No ☐ The maximum emissions from all facilities at the site, including this permit by rule claim, are less than 25 tpy of any contaminant.
If the answer to this questions is "Yes ", no further review is needed to complete this checklist. Forward all information needed to verify your permit by rule claim to the . If "No ", this checklist cannot be used. Please complete the standard 30 TAC § 106.4 Applicability Checklist.



Title 30 Texas Administrative Code § 106.261
Permit By Rule (PBR) Checklist
Facilities (Emission Limitations)

Electronic Submittal - Only enter the PI-7 confirmation number here
Hard-Copy Submittal - Print and complete the following checklist.

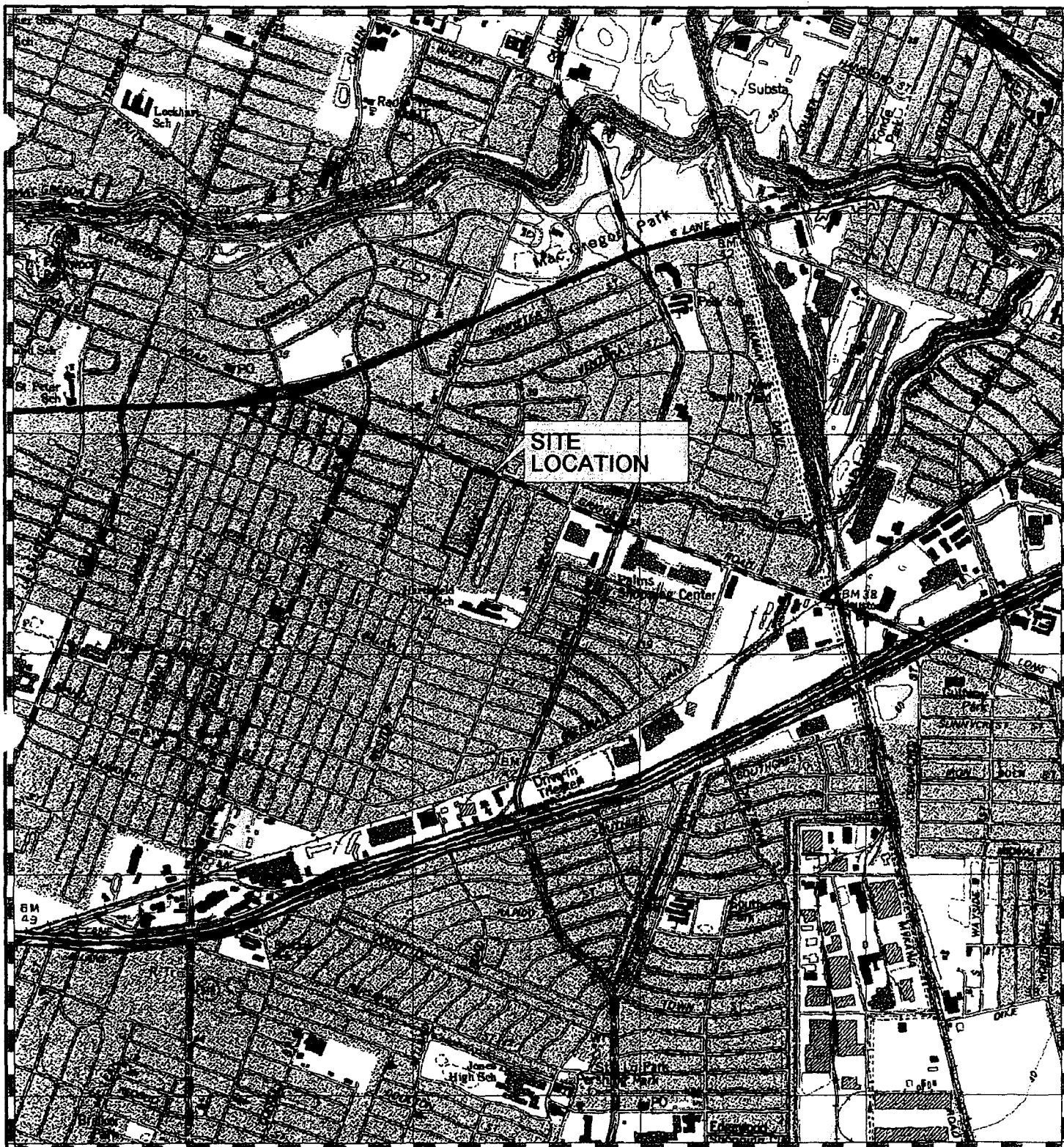
if submitting electronically.

The following checklist is designed to help you confirm that you meet Title 30 Texas Administrative Code § 106.261 (30 TAC § 106.261) requirements. If you do not meet all the requirements, you may alter the project design or operation in such a way that all the requirements of the PBR are met or you may obtain a construction permit. The PBR forms, tables, checklists and guidance documents are available from the Texas Commission on Environmental Quality (TCEQ), Air Permits Division Web site at, www.tceq.state.tx.us/nav/permits/air_permits.html.

CHECK THE MOST APPROPRIATE ANSWER																																																			
Is a description or checklist of how this claim meets the general requirements for the use of PBRs in 30 TAC § 106.4 attached?			X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
b1	Is this claim for construction of a facility authorized in another section of this chapter or for which a standard permit is in effect? <i>If "YES," this PBR cannot be used to authorize emissions from the project</i>		<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A																																																
b2	Is this claim for any change to any facility authorized under another section of this chapter or authorized under a standard permit? <i>If "YES," this PBR cannot be used to authorize emissions from the project</i>		<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A																																																
a1	Are facilities or changes located at least 100 feet from any recreational area or residence or other structure not occupied or used solely by the owner or operator of the facilities or the owner of the property upon which the facilities are located?		X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
Are total new or increased emissions, including fugitives, less than or equal to 6.0 pounds per hour (lb/hr) and ten tons per year of the following materials (check all that apply):			<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A																																																
<table border="0"><tr><td><input type="checkbox"/> acetylene</td><td><input type="checkbox"/> helium</td><td><input type="checkbox"/> propyl ether</td><td><input type="checkbox"/> limestone</td></tr><tr><td><input type="checkbox"/> argon</td><td><input type="checkbox"/> isohexane</td><td><input type="checkbox"/> sulfur dioxide</td><td><input type="checkbox"/> magnesite</td></tr><tr><td><input type="checkbox"/> butane</td><td><input type="checkbox"/> isopropyl alcohol</td><td><input type="checkbox"/> alumina</td><td><input type="checkbox"/> marble</td></tr><tr><td><input type="checkbox"/> crude oil</td><td><input type="checkbox"/> methyl acetylene</td><td><input type="checkbox"/> calcium carbonate</td><td><input type="checkbox"/> pentaerythritol</td></tr><tr><td><input type="checkbox"/> carbon monoxide</td><td><input type="checkbox"/> methyl chloroform</td><td><input type="checkbox"/> calcium silicate</td><td><input type="checkbox"/> plaster of paris</td></tr><tr><td><input type="checkbox"/> cyclohexane</td><td><input type="checkbox"/> methyl cyclohexane</td><td><input type="checkbox"/> cellulose fiber</td><td><input type="checkbox"/> silicon</td></tr><tr><td><input type="checkbox"/> cyclohexene</td><td><input type="checkbox"/> neon</td><td><input type="checkbox"/> cement dust</td><td><input type="checkbox"/> silicon carbide</td></tr><tr><td><input type="checkbox"/> cyclopentan</td><td><input type="checkbox"/> nonan</td><td><input type="checkbox"/> emery dust</td><td><input type="checkbox"/> starch</td></tr><tr><td><input type="checkbox"/> ethyl acetate</td><td><input type="checkbox"/> oxides of nitrogen</td><td><input type="checkbox"/> glycerin mist</td><td><input type="checkbox"/> sucrose</td></tr><tr><td><input type="checkbox"/> ethanol</td><td><input type="checkbox"/> propane</td><td><input type="checkbox"/> gypsum</td><td><input type="checkbox"/> zinc stearate</td></tr><tr><td><input type="checkbox"/> ethyl ether</td><td><input type="checkbox"/> propyl alcohol</td><td><input type="checkbox"/> iron oxide dust</td><td><input type="checkbox"/> zinc oxide</td></tr><tr><td><input type="checkbox"/> ethylene</td><td><input type="checkbox"/> propylene</td><td><input type="checkbox"/> kaolin</td><td></td></tr></table>				<input type="checkbox"/> acetylene	<input type="checkbox"/> helium	<input type="checkbox"/> propyl ether	<input type="checkbox"/> limestone	<input type="checkbox"/> argon	<input type="checkbox"/> isohexane	<input type="checkbox"/> sulfur dioxide	<input type="checkbox"/> magnesite	<input type="checkbox"/> butane	<input type="checkbox"/> isopropyl alcohol	<input type="checkbox"/> alumina	<input type="checkbox"/> marble	<input type="checkbox"/> crude oil	<input type="checkbox"/> methyl acetylene	<input type="checkbox"/> calcium carbonate	<input type="checkbox"/> pentaerythritol	<input type="checkbox"/> carbon monoxide	<input type="checkbox"/> methyl chloroform	<input type="checkbox"/> calcium silicate	<input type="checkbox"/> plaster of paris	<input type="checkbox"/> cyclohexane	<input type="checkbox"/> methyl cyclohexane	<input type="checkbox"/> cellulose fiber	<input type="checkbox"/> silicon	<input type="checkbox"/> cyclohexene	<input type="checkbox"/> neon	<input type="checkbox"/> cement dust	<input type="checkbox"/> silicon carbide	<input type="checkbox"/> cyclopentan	<input type="checkbox"/> nonan	<input type="checkbox"/> emery dust	<input type="checkbox"/> starch	<input type="checkbox"/> ethyl acetate	<input type="checkbox"/> oxides of nitrogen	<input type="checkbox"/> glycerin mist	<input type="checkbox"/> sucrose	<input type="checkbox"/> ethanol	<input type="checkbox"/> propane	<input type="checkbox"/> gypsum	<input type="checkbox"/> zinc stearate	<input type="checkbox"/> ethyl ether	<input type="checkbox"/> propyl alcohol	<input type="checkbox"/> iron oxide dust	<input type="checkbox"/> zinc oxide	<input type="checkbox"/> ethylene	<input type="checkbox"/> propylene	<input type="checkbox"/> kaolin	
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<input type="checkbox"/> refinery petroleum fractions (except for pyrolysis naphthas and pyrolysis gasoline) containing less than ten volume percent benzene																																																			
<input type="checkbox"/> fluorocarbons Numbers 11, 12, 13, 14, 21, 22, 23, 113, 114, 115, and 116																																																			
a3	Are total new or increased emissions, including fugitives, less than or equal to 1.0 lb/hr of any chemical having a limit value (L) greater than 200 milligrams per cubic meter (mg/m ³) as listed and referenced in Table 262 of 30 TAC § 106.262 of this title (relating to Facilities (Emission and Distance Limitations)? List chemical: <u>Methanol</u> / MEK L value: <u>262</u> / <u>590</u>		X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
Are total new or increased emissions, including fugitives, less than or equal to 1.0 lb/hr of any chemical not listed or referenced in Table 262? List chemical: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO X N/A																																																

<p>Are total new or increased emissions, including fugitives, of a chemical with a limit value of less than 200 mg/m³? <i>If "Yes" the authorization of the chemical is not allowed under this section. We suggest you use 30 TAC §106.262 to authorize the emissions, if applicable.</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
<p>a4 Are there any changes to or additions of any existing air pollution abatement equipment?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
<p>a5 Will there be any visible emissions, except uncombined water, emitted to the atmosphere from any point or fugitive source in amounts greater than 5.0% opacity in any six-minute period?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
<p>a6 Are emission increases five tons per year or greater? If "YES," this checklist must be attached to a Form PI-7 within ten days following the installation or modification of the facilities. The notification shall include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any.</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
<p>a7 Are emission increases less than five tons per year? If "YES," this checklist must be attached to a Form PI-7 and include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any. (pick one):</p> <p><input checked="" type="checkbox"/> Within ten days following the installation or modification of the facilities. The notification shall include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any; or</p> <p><input type="checkbox"/> By March 31 of the following year summarizing all uses of this permit by rule in the previous calendar year.</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

FIGURE 1
SITE LOCATION MAP



TOPOGRAPHIC MAP

CES ENVIRONMENTAL SERVICES, INC.

4904 GRIGGS ROAD

HOUSTON, HARRIS COUNTY, TEXAS

FIGURE

1



1320 0 1320
1:24,000 1" = 2000 feet feet



Reproduced from U.S. Topographic Quadrangle: Park
Place Texas, Zone 15

DRAWN BY: LLS DATE: 04-10-2008

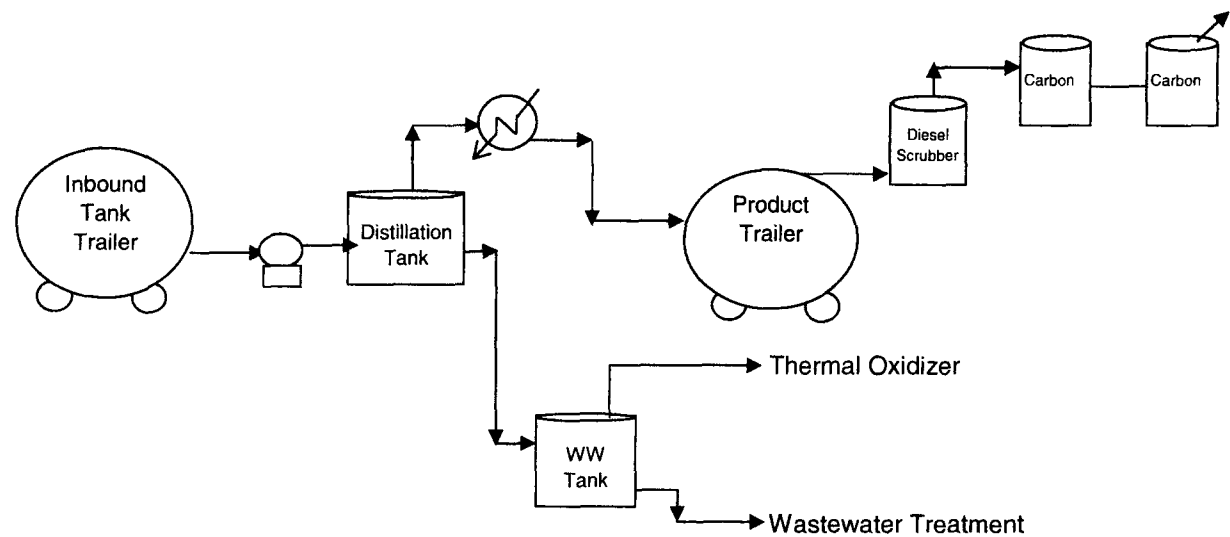
FILE: H-client-CES-Houston site.geo

EPAHO043000520

FIGURE 2
FACILITY PLOT PLAN

FIGURE 3
PROCESS FLOW DIAGRAM

**CES ENVIRONMENTAL SERVICES, INC
METHANOL OR MEK RECOVERY PROCESS**



THERMAL OXIDIZER

Kathleen Hartnett White, *Chairman*
R. B. "Ralph" Marquez, *Commissioner*
Larry R. Soward, *Commissioner*
Glenn Shankle, *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

April 28, 2005

Mr. Marlin Moser
Business Manager
CES Environmental Services, Inc.
4904 Griggs Road
Houston, Texas 77021-3208

Re: Permits by Rule Registration Number: 75375
Tank Container Cleaning Facility
Houston, Harris County
Regulated Entity Number: RN100693282
Customer Reference Number: CN600618946

Dear Mr. Moser:

This is in response to your Form PI-7, entitled "Registration for Permits by Rule," concerning the addition of chemicals emitted from your tank cleaning operation located at 4904 Griggs Road in Houston, Harris County. We understand that this Permit by Rule claim is intended to authorize the addition of new chemicals to the list of chemicals previously approved for cleaning under Registration Number 15980. This claim does not represent an increase in volatile organic compound emissions over current allowable rates.

After evaluation of the information which you have furnished, we have determined that your modification is authorized under Title 30 Texas Administrative Code §§ 106.261 and 106.262 (30 TAC §§ 106.261 and 106.262) if constructed and operated as described in your registration request. These permits by rule were authorized by the Executive Director of the Texas Commission on Environmental Quality (TCEQ) pursuant to 30 TAC Chapter 106.

Copies of the permits by rule in effect at the time of this registration are enclosed. You must construct, install, or modify facilities in accordance with the version of the permits by rule in effect when construction, installation, or modification actually begins [see 30 TAC § 106.4(a)(5)]. After completion of construction, installation, or modification, the facility shall be operated in compliance with all the applicable conditions of the claimed permits by rule, and 30 TAC § 106.4.

You are reminded that regardless of whether a permit is required, these facilities must be in compliance with all rules and regulations of the TCEQ and of the U.S. Environmental Protection Agency at all times.

Mr. Marlin Moser
Page 2
April 28, 2005

Re: Permits by Rule Registration Number: 75375

Please reference the regulated entity number (RN), customer reference number (CN), and permit number noted in this document in all your future correspondence for the referenced facility or site. The RN replaces the former TCEQ account number for the facility (if portable) or site (if permanent). The CN is a unique number assigned to the company or corporation and applies to all facilities and sites owned or operated by this company or corporation.

Your cooperation in this matter is appreciated. If you have any questions concerning these permits by rule, please contact Mr. Dario Hearn at (713) 767-3740 or write to the Texas Commission on Environmental Quality, Office of Permitting, Remediation, and Registration, Air Permits Division (MC-163), P.O. Box 13087, Austin, Texas 78711-3087.

Sincerely,



Anne M. Inman, Manager
General/Standard/Rule (GSR) Permit Section
Air Permits Division
Texas Commission on Environmental Quality

AMI/DJH/alb

Enclosures

cc: Mr. Philip B. Evans, Director - Technical Services, The WCM Group, Inc., Humble
Mr. Arturo Blanco, Bureau Chief, Bureau of Air Quality Control, Health and Human Services
Department, City of Houston, Houston
Mr. Rob Barrett, Director, Harris County Public Health and Environmental Services, Pollution
Control Department, Pasadena
Air Section Managers, Region 12 - Houston

Project Number: 114405

EPAHO043000527

Robert J. Huston, *Chairman*
R. B. "Ralph" Marquez, *Commissioner*
Kathleen Hartnett White, *Commissioner*
Margaret Hoffman, *Executive Director*

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

October 11, 2002

Mr. Sean Easton
Vice President
CES Environmental Services, Inc.
4904 Griggs Rd.
Houston, Texas 78711

Re: Change of Ownership for Air Quality Permits

Dear Mr. Easton:

Thank you for the letter dated July 17, 2002, notifying us of the change of ownership. Your letter states that CES Environmental Services, Inc. is now the owner of the facility listed below. Our permit records have been updated to reflect the change of ownership.

<u>Account No.</u>	<u>County</u>	<u>Previous Permittee/Registrant</u>	<u>Permit No.</u>
HG-1270-B	Harris	Suttles Truck Leasing	15980

We understand that there will be no change in the type of pollutants emitted and no increase in the quantity of emissions. As the new owner of these facilities, you have committed to maintain compliance with all air quality regulations of the Texas Commission on Environmental Quality and the requirements of these permit at all times.

Page 2

October 11, 2002

Re: Change of Ownership for Air Quality Permits

Thank you for informing us of this ownership change. If you have any questions regarding this letter, please contact Kimberly Sladek at (512) 239-1588. You may also contact me or any other team member at (512) 239-5160.

Sincerely,

A handwritten signature in cursive script, appearing to read "Janet Wyman".

Janet Wyman, Team Leader
Air and Waste Applications Team
Permits Administration Review Section (MC-161)
Registration, Review and Reporting Division

JW/ks

cc: Ms. Stephanie Winn, Industrial Emissions Assessment Section (MC-164), Austin
Mr. Mark Chambers, Industrial Emissions Assessment Section (MC-164), Austin
TCEQ, Regional Air Program Manager, Region 12
TNRCC File Room MC-198

METHYLENE CHLORIDE
(METHANOL) PROCESS



The WCM Group, Inc.

November 17, 2008

Mr. Don Dale Nelon
Air Permits Initial Review Team (APIRT), MC161
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
Building F, Room 1206
12100 Park 35 Circle
Austin, TX 78753

LONE STAR
AIRBILL NUMBER
41915489

Reference: CES Environmental Services, Inc.
Houston, Harris County, Texas
Registration of Permit-By-Rule §106.261, §106.262
PBR Registration 83191
CN600618946; RN100693282

Dear Mr. Nelon:

On behalf of CES Environmental Services, Inc. (CES), please find enclosed documentation authorizing the revised operation of a recycling process to produce Methylene Chloride. The process qualifies for authorization under Permit-By-Rule (PBR) §106.261 and §106.262. The prior PBR Registration No. 83191 is replaced with this submittal.

If you have questions regarding this registration, or require further information, please do not hesitate to contact Mr. Matt Bowman of CES at (713) 676-1460, or me directly at (281) 446-7070.

Sincerely,

A handwritten signature in black ink that reads 'Philip B. Evans'. The signature is fluid and cursive, with the first name 'Philip' and last name 'Evans' clearly legible.

Philip B. Evans
Director, Technical Services

PBE/nb
27264:5330019.let.doc

Enclosure

cc: M. Bowman
L. Vasse
B. Allen -City of Houston

THE WCM GROUP, INC.

29534

Vendor: TCEQ

Inv No	Inv Date	Inv Amt	Discount	Take	Pay Amt
STATEMENT	11/15/2008	450.00	0.00	N	450.00

Check Date 11/17/2008 Check Amount \$ 450.00

29534



The WCM Group, Inc.
OPERATING ACCOUNT
P.O. BOX 3247, HUMBLE, TX 77347-3247
(281) 446-7070

COMERICA BANK - TEXAS
HOUSTON, TEXAS
32-75-1110

11/17/2008 *****\$450.00
DATE AMOUNT

FOUR HUNDRED FIFTY AND NO/100

to the
order
of
TCEQ
P.O. BOX 13087
AUSTIN, TX 78711-3087

⑈029534⑈

(b) (6)

THE WCM GROUP, INC.

29534

Vendor: TCEQ

Inv No	Inv Date	Inv Amt	Discount	Take	Pay Amt
STATEMENT	11/15/2008	450.00	0.00	N	450.00

Check Date 11/17/2008 Check Amount \$ 450.00

**PERMIT-BY-RULE AUTHORIZATION
FOR HANDLING OF METHYLENE CHLORIDE
REVISIONS TO REGISTRATION 83191**

**Prepared for
CES ENVIRONMENTAL SERVICES INC.
Houston, Harris County, Texas**

**Prepared by
THE WCM GROUP, INC.
Humble, Texas**

Revised October 2008

EPAHO043000533

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1.0 PROCESS DESCRIPTION.....	1
2.0 EMISSIONS SUMMARY.....	2

ATTACHMENTS

A - EMISSION CALCULATIONS

FORMS

TCEQ PI-7 CERT FORM

TCEQ §106.4 CHECKLIST

TCEQ §106.261 CHECKLIST

TCEQ §106.262 CHECKLIST

FIGURES

- 1 - AREA MAP
- 2 - FACILITY PLOT PLAN
- 3 - PROCESS FLOW DIAGRAM

INTRODUCTION

CES Environmental Services Inc. (CES) operates a tank container cleaning facility at 4904 Griggs Road in Houston, Harris County, Texas (CN600618946, RN100693282) under Texas Commission on Environmental Quality (TCEQ) Permit Exemption No. 15980 and subsequent Permit-By-Rule (PBR) Registration No. 75375.

CES is submitting the enclosed documentation to demonstrate PBR authorization for the operation of a Methylene Chloride (MeCl_2) recovery process at the site. The recovery process was previously authorized for a two-step process and is being modified for a one step process. In the revised process, the Methylene Chloride mixture is sent directly to the distillation system where the organics are removed and accumulated in the product tank trailer. The wastewater is drained from the distillation tank after each batch. Details on these operations can be found in the Process Description section of this application and in the attached calculations.

CES is located in the Houston/Galveston ozone nonattainment area and is classified as a minor source for Volatile Organic Compound (VOC) emissions. The emissions increase associated with this process revision is 0.57 tons per year of VOC. As a result, the project does not trigger nonattainment netting.

A PI-7 CERT Form as well as TCEQ §106.4, §106.261, and §106.262 Checklists are provided in the Forms section of this report. Emission calculations are provided in Attachment A. A Site Location Map, Aerial Photograph, Facility Plot Plan, and Process Flow Diagram are included in the Figures section.

1.0 PROCESS DESCRIPTION

The Methylene Chloride recovery process will now occur in a single process step. This revised process replaces the two-step process previously authorized under PBR Registration No. 83191. In addition, the revised process will accommodate a methylene chloride feed stream that may contain some methyl alcohol (methanol).

The incoming tank trailer containing methylene chloride, methanol and water is located near the existing distillation tank for processing. The organic mixture is pumped from the tank trailer into a 10,000-gallon distillation tank. The distillation tank is then heated to approximately 120 F to remove the organics from the mixture. The vapor phase from the distillation process containing organics and any evaporated water passes through a condenser where it is cooled to approximately 70 F. The condensed liquid flows directly into the product tank trailer. Emissions of any uncondensed vapor from the distillation tank are routed to a diesel scrubber and then to activated carbon drums before being vented to the atmosphere. The product trailer is also vented to the scrubber system. The water remaining in the distillation tank is tested to ensure removal of the organics and then sent to water treatment.

2.0 EMISSIONS SUMMARY

Emissions from the Methylene Chloride recovery operation are calculated based on several process steps. Exhaust exiting the carbon units is monitored daily to ensure VOC emitted to the atmosphere remains below 100 ppmv. This includes both MeCl₂ and any evaporated diesel from the diesel scrubber. The emission calculations for all emissions venting through controls are therefore conservatively calculated based on the volume displaced and a 100 ppmv concentration of VOC in the carbon bed exhaust. The carbon beds are replaced with fresh carbon when their exhaust concentrations reach 100 ppmv VOC.

Emissions from disconnecting of hoses are calculated assuming the vapor volume inside the hose is saturated with the last material to pass through the hose. The exception to this method is the hose from the interface vessel pump to the product truck trailer, which is blown clear with air before being disconnected.

Fugitive emissions from potential leaks at valves, pumps, and connections associated with this project are calculated using the methods and emission factors specified in the TCEQ document "Air Permit Technical Guidance for Chemical Sources: Equipment Leak Fugitives". A thirty percent reduction credit is taken for operations personnel monitoring the loading/unloading operations for leaks that can be detected with visible, audible, or olfactory means.

The emission calculations conservatively assume a 100 ppmv concentration for each of diesel, Methanol and Methylene Chloride for PBR compliance evaluation purposes. The emissions increase associated with this process revision is 0.41 tons per year of VOC. As a result, the project does not trigger nonattainment netting or PSD review.

ATTACHMENT A
EMISSION CALCULATIONS

PBR EVALUATION SUMMARY

Methylene chloride distillation and loading

Chemical	CAS	TLV	PBR	Limit		Actual		PBR Compliance	
				lb/hr	tpy	lb/hr	tpy	lb/hr	TPY
MeCl ₂	75-09-2	26	106.262	0.130	0.569	0.099	0.312	YES	YES
Methanol	67-56-1	262	106.261	1	10	0.031	0.099	YES	YES
Diesel	68334-30-5	N/A	106.261	6.0	10.0	0.036	0.002	YES	YES
Water	7732-18-5	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

0.413

Diesel is evaluated as a refinery petroleum fraction containing < 10% benzene [106.261(a)(2)]

for 106.262 E = L/K

For Distillation and Loading

Distance to nearest offsite receptor: D = 200 ft
K = 200

CES Environmental Services**Emissions from unloading into distillation tank.**

The methylene chloride mixture is pumped into the distillation tank.
Emissions are routed through a diesel scrubber and carbon adsorption bed with
a maximum exhaust concentration of 100 ppmv VOC.

$$\begin{aligned}P &= 14.7 \text{ psia} \\V (\text{hourly}) &= 4000 \text{ gal/hr} = 534.76 \text{ ft}^3/\text{hr} \\V (\text{annual}) &= 450,000 \text{ gal/yr} = 60160.43 \text{ ft}^3/\text{yr} \\R &= 10.73 (\text{psi}\cdot\text{ft}^3)/(\text{lbmole}\cdot\text{R}) \\T &= 80 \text{ F} = 540 \text{ R} \\C &= 100 \text{ ppmv VOC} \\MW (\text{MeCl}_2) &= 84.933 \text{ lb/lbmole} \\MW (\text{Methanol}) &= 32.04 \text{ lb/lbmole} \\MW (\text{Diesel}) &= 130 \text{ lb/lbmole}\end{aligned}$$

$$\begin{aligned}PV &= nRT \\n &= PV/RT \\n(\text{VOC}) &= n * C/1,000,000 \\lb &= n * MW = MW(PV/RT)\end{aligned}$$

	moles/hr	moles/yr
$n =$	1.36	152.63
$n (\text{VOC}) =$	1.36E-04	1.53E-02

Emissions

Chemical	lb/hr	tpy
MeCl ₂	0.01152	0.00065
Methanol	0.00435	0.00024
Diesel	0.01764	0.00099

CES Environmental Services
Emissions from Distillation Tank

The distillation tank is heated to 120F to remove MeCl₂ overhead. The overhead vapors are then cooled to 70F. Flow rate is conservatively based on maximum vapor displacement.

The recovered MECl₂ is accumulated.

Emissions are routed through a diesel scrubber and carbon adsorption bed with a maximum exhaust concentration of 100 ppmv VOC.

$P = 14.7 \text{ psia}$
 $V \text{ (hourly)} = 4000 \text{ gal/hr} = 534.76 \text{ ft}^3/\text{hr}$
 $V \text{ (annual)} = 450,000 \text{ gal/yr} = 60160.43 \text{ ft}^3/\text{yr}$
 $R = 10.73 \text{ (psi}\cdot\text{ft}^3)/(\text{lbmole}\cdot\text{R})$
 $T = 70 \text{ F} = 530 \text{ R}$
 $C = 100 \text{ ppmv VOC}$
 $MW \text{ (MeCl}_2\text{)} = 84.933 \text{ lb/lbmole}$
 $MW \text{ (Methanol)} = 32.04 \text{ lb/lbmole}$
 $MW \text{ (Diesel)} = 130 \text{ lb/lbmole}$

$$PV = nRT$$

$$n = PV/RT$$

$$n(\text{VOC}) = n * C/1,000,000$$

$$\text{lb} = n * MW = MW(PV/RT)$$

	moles/hr	moles VOC/hr
$n =$	1.38	155.51
$n \text{ (VOC)} =$	1.38E-04	1.56E-02

Emissions

Chemical	lb/hr	tpy
MeCl ₂	0.01174	0.00066
Methanol	0.00443	0.00025
Diesel	0.01797	0.00101

CES Environmental Services

Emissions from transfer recovered MeCl2 to tank truck

MeCl2 recovered flows into the product tank trailer.
Emissions are routed through a diesel scrubber and carbon adsorption bed with a maximum exhaust concentration of 100 ppmv VOC.

P =	14.7 psia	
V (hourly) =	80 gal/hr =	10.70 ft3/hr
V (annual) =	9,000 gal/yr =	1203.21 ft3/yr
R =	10.73 (psi*ft3)/(lbmole*R)	
T =	80 F =	540 R
C =	100 ppmv VOC	
MW (MeCl2) =	84.933 lb/lbmole	
MW (Methanol) =	32.04	
MW (Diesel) =	130 lb/lbmole	

$$\begin{aligned}PV &= nRT \\n &= PV/RT \\n(\text{VOC}) &= n * C/1,000,000 \\lb &= n * MW = MW(PV/RT)\end{aligned}$$

	moles/hr	moles/yr
n =	0.03	3.05
n (VOC) =	2.71E-06	3.05E-04

Emissions

Chemical	lb/hr	tpy
MeCl2	0.00023	0.00001
Methanol	0.00009	0.00000
Diesel	0.00035	0.00002

CES Environmental Services
Hose Clearing/Disconnecting Emissions

Hose Length: 30 feet
Hose Diameter: 2 inch = 0.17 ft
Hose Volume: 0.0218 ft³
Events Per Year: 113

$$lb = MW \cdot n = MW(PV/RT)$$

It is assumed that the remaining vapor is saturated.

The displaced vapors are vented through the diesel scrubber and carbon.

Distillation Tank Transfer Hose:

The hose from the product trailer to the distillation tank is blown with air into the tank.

MATERIAL	Liquid Composition (%)	MW (lb/lb-mole)	Mole Fraction	Temp (F)	VPa (psia)	Emission
						(lb/hr)
MeCl ₂	0.61	84.9	0.8425	80	7.588	0.00243
Methanol	0.19	32.0	0.0990	80	0.261	0.00003
Water	0.20	18.0	0.0585	80	0.031	0.00000
	1.00		1.0000			

Loading Hose:

The hose from the pump to the product trailer is blown with air into the trailer.

MATERIAL	Liquid Composition (%)	MW (lb/lb-mole)	Mole Fraction	Temp (F)	VPa (psia)	Emission
						(lb/hr)
MeCl ₂	0.76	84.9	0.8936	80	8.048	0.00257
Methanol	0.24	32.0	0.1064	80	0.281	0.00003
Water	0.00	18.0	0.0000	80	0.000	0.00000
	1.00		1.0000			

CES Environmental Services
Fugitive Emissions

Distillation Tank

Component Type	Service	Quantity	Emission Factor	Controlled Emissions	
				lb/hr	tpy
Valves	Light Liquid	8	0.0035	0.0196	0.0858
Valves	Gas/Vapor	3	0.0089	0.0187	0.0819
Flanges	Light Liquid	22	0.0005	0.0077	0.0337
Flanges	Gas/Vapor	10	0.0029	0.0203	0.0889
Pumps	Light Liquid	1	0.0386	0.0270	0.1183
				0.0933	0.4087

note: Control Efficiency claimed of 30% for OVA inspections.

Speciation		Controlled Emissions	
Material	Wt %	lb/hr	tpy
MeCl2	76	0.0709	0.3106
Methanol	24	0.0224	0.0981
Water	0	0.0000	0.0000

FORMS



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

I. REGISTRANT INFORMATION			
A. TCEQ Customer Reference Number:		CN-600618946	TCEQ Regulated Entity Number: RN-100693282
<i>Note: If "NO," CN or RN number was entered above; please fill out the required Core Data Form, which will be available in Step II of the submittal process.</i>			
B. Company or Other Legal Customer Name: CES Environmental Services, Inc.			
Company Official Contact Name: Matt Bowman		Title: President	
Mailing Address: 4904 Griggs Road			
City: Houston		State: Texas	Zip Code: 77021
Phone No.: 713-676-1460	Fax No.: 713-676-1676		E-mail Address: mbowman@cesenviormental.com
C. Technical Contact Name: Philip Evans			Title: Director Technical Services
Company: The WCM Group, Inc.			
Mailing Address: PO Box 3247			
City: Humble		State: Texas	77347
Phone No.: 281-446-7070	Fax No.: 281-446-3348		E-mail Address: pevans@wcmgroup.com
D. Facility Location Information - Street Address: 4904 Griggs Road			
<i>If "NO," street address, provide written driving directions to the site: (attach description if additional space is needed)</i>			
City: Houston		County: Harris	Zip Code: 77021
II. FACILITY AND SITE INFORMATION			
A. Name and Type of Facility: CES			<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Portable
B. PBR claimed under 30 TAC § 106 (List all):			
§ 106. 261		§ 106.	
§ 106.262		§ 106.	
§ 106.		§ 106.	
Are you claiming a historical standard exemption or PBR?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter effective date and Rule Number:			



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

II. FACILITY AND SITE INFORMATION (continued)			
C. Is there a previous Standard Exemption or PBR for the facility in this registration? (Attach details regarding changes.)			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If "YES," enter Registration Number and Rule Number:		75375, 83191	261, 262
D. Are there any other facilities at this site which are authorized by an Air Standard Exemption or PBR?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If "YES," enter Registration Number and Rule Number:		X-15980, 83798, 84713	261, 262, 472, 532
E. Are there any other air preconstruction permits at this site?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter Permit Numbers:			
Are there any other air preconstruction permits at this site that would be directly associated with this project?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter Permit Numbers:			
F. Is this facility located at a site which is required to obtain a federal operating permit pursuant to 30 TAC Chapter 122?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> To be determined
If the site currently has an existing federal operating permit, enter the permit number:			
Identify the requirements of 30 TAC Chapter 122 that will be triggered if this certification is accepted.			
<input type="checkbox"/> Initial Application for an FOP		<input type="checkbox"/> Significant Revision for an SOP	
<input type="checkbox"/> Operational Flexibility/off Permit Notification for an SOP		<input type="checkbox"/> Minor Revision for an SOP	
<input type="checkbox"/> Revision for GOP		<input type="checkbox"/> To be Determined	
<input checked="" type="checkbox"/> None			
Identify the type(s) issued and/or FOP application(s) submitted/pending for the site. (Check all that apply)			
<input type="checkbox"/> SOP		<input type="checkbox"/> GOP	
<input type="checkbox"/> GOP application/revision application: Submitted or under APD review.			
<input type="checkbox"/> SOP application/revision application: submitted or under APD review.		<input type="checkbox"/> N/A	
G. TCEQ Account Identification Number (if known):		HG 1270 B	
III. FEE INFORMATION			
To determine if a fee is required answer the following question. If "YES," to question III. A., a fee is not required, skip to Section IV. If "NO," to answer II. A., then go to Section III. B. See Section VI. for address to send fee or go to www.2.tceq.state.tx.us/epay to pay online.			
A. Is this registration an update to a previously registered facility and accompanied by a Certification Form solely to establish a federally enforceable emission limit?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. What is the fee amount?			



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

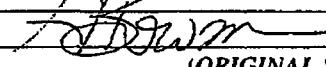
III. FEE INFORMATION (continued)			
<i>If "YES," to any of the following three questions, a \$100 fee is required. Otherwise, a \$450 fee is required.</i>			
Does this business have less than 100 employees?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Does this business have less than 6 million dollars in annual gross receipts?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Is this registration submitted by a governmental entity with a population of less than 10,000?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. Check/Money Order or Transaction Number (Payable to TCEQ):		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Was fee Paid online? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Company name of check: The WCM Group Inc.		Fee amount:	\$450
IV. SELECTED FACILITY REVIEWS ONLY—TECHNICAL INFORMATION			
<i>Note: If claiming one of the following PBRs, complete this section, then skip to Section VI., "Submitting your registration" below:</i>			
<i>Animal Feeding Operations § 106.161, Livestock Auction Facilities § 106.162, Saw Mills § 106.223, Grain Handling, Storage and Drying § 106.283, Auto Body Refinishing Facilities §106.436, and Air Curtain Incinerator § 106.496</i>			
A. Is the applicable PBR checklist attached which shows the facility meets all general and specific requirements of the PBR(s) being claimed? (If submitting electronically, click "YES.")			<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Distance from this facility's emission release point to the nearest property line:		feet	
Distance from this facility's emission release point to the nearest off-property structure:		feet	
V. TECHNICAL INFORMATION INCLUDING STATE AND FEDERAL REGULATORY REQUIREMENTS <i>Registrants must be in compliance with all applicable state and federal regulations and standards to claim a PBR.</i>			
A. Is confidential information submitted and properly marked "CONFIDENTIAL" with this registration?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. Is a process flow diagram or a process description attached?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. Are emissions data and calculations for this claim attached?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
D. Is information attached showing how the general requirements (30 TAC § 106.4) of the PBR is met for this Registration? (PBR checklists may be used, but are optional)			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i>Note: Please be reminded that if the facilities listed in this registration are subject to the Mass Emissions Cap & Trade program under 30 TAC Chapter 101, Subchapter H, Division 3, the owner/operator of these facilities must possess NO_x allowances equivalent to the actual NO_x emissions from these facilities.</i>			
E. Is information attached showing how the specific PBR requirements are met for this registration? (PBR checklist may be used, but are optional)			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
F. Distance from this facility's emission release point to the nearest property line:		100 feet	
Distance from this facility's emission release point to the nearest off-property structure:		200 feet	
<i>Note: In limited cases, a map or drawing of the site and surrounding land use may be requested during the technical review or at the request of the TCEQ Regional Office or local air pollution control program during an investigation.</i>			



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

VI. SIGNATURE FOR CERTIFICATION AND REGISTRATION

The signature below indicates that the Responsible Official has knowledge of the facts herein set forth and that the same are true, accurate, and complete to the best of my knowledge and belief. By this signature, the maximum emission rates listed on this certification reflect the maximum anticipated emissions due to the operation of this facility and all representations in this certification of emissions are conditions upon which the facilities and sources will operate. It is understood that it is unlawful to vary from these representations unless the certification is first revised. The signature certifies that to the best of the Responsible Official's knowledge and belief, the project will satisfy the conditions and limitations of the indicated exemption or permit by rule and the facility will operated in compliance with all regulations of the Texas Commission on Environmental Quality and with Federal U.S. Environmental Protection Agency regulations governing air pollution. The signature below certifies that, based on information and belief formed after reasonable inquiry, the statements and information above and contained in the attached document(s) are true, accurate, and complete. **If you questions on how to fill out this form or about air quality permits. Please call 512/239-1250.** Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, call 512/239-3282.

SIGNATURE: 
(ORIGINAL SIGNATURE REQUIRED)

DATE: 11/17/08

VII. SUBMITTING COPIES OF THE CERTIFICATION AND REGISTRATION

Copies must be sent as listed below:

Processing delays may occur if copies are not sent as noted.

Who	Where	What
Air Permits Initial Review Team (APIRT)	Regular, Certified, Priority Mail MC161, P.O. Box 13087 Austin, Texas 78711-3087 Hand Delivery, Overnight Mail MC 161, 12100 Park 35 Circle, Building C, Third Floor Austin, Texas 78753 Fax No.: (512) 239-2123 (do <u>not</u> follow fax with paper copies)	Originals Form PI-7, Core Data Form, and all attachments
Revenue Section, TCEQ	Regular, Certified, Priority Mail MC 214, P.O. Box 13088 Austin, Texas 78711-3088 Hand Delivery, Overnight Mail MC 214, 12100 Park 35 Circle, Building A, Third Floor Austin, Texas 78753	Original Money Order or Check Copy of Form PI-7 and Core Data Form
Appropriate TCEQ Regional Office	To find your Regional Office address, go to the TCEQ Web site at www.tceq.state.tx.us , or call (512) 239-1250.	Copy of Form PI-7, Core Data Form, and all attachments.
Appropriate Local Air Pollution Control Program(s)	To Find your local or Regional Air Pollution Control Programs go to the TCEQ, APD Website at www.tceq.state.tx.us/nav/permits/air_permits.html or call (512) 239-1250	Copy of Form PI-7, Core Data Form, and all attachments.

TITLE 30 TAC § 106.4 "QUICK-CHECK" APPLICABILITY CHECKLIST

Company Name: CES Environmental Services, Inc.Checklist completed by: The WCM Group, Inc.Date: November 2008Facility Type: Tank Truck Cleaning, Product recovery and wastewater treatmentPermit(s) by rule claimed: 30 TAC Chapter §106: 261

Project Description (including equipment, materials, and brief process description):

A recovery distillation processing system will produce Methylene Chloride from organic water mixtures.

CO	0.00	NO _x	0.00	VOC	0.41
PM	0.00	SO ₂	0.00	Other	0.00

The following questions require a "Yes" or "No" answer to be indicated for this permit by rule claim:

A. Title 30 TAC § 106.4(a)(5): Current Permit by Rule Requirements

Yes ☒ No ☐ Have you checked to determine if this exempt project is being claimed under the current version of 30 TAC 106?
If "Yes", continue to next question. If "No", please contact the Air Permits Division for a copy of the current permit by rule to be claimed.

B. Title 30 TAC § 106.4(a)(7): Permit by rule prohibition check

Yes ☐ No ☒ Are there any air permits under the same account containing permit conditions which prohibit or restrict the use of permits by rule?
If "No", continue to next question.
If "Yes", permits by rule may not be used or their use must meet the restrictions of the permit.
A new permit or permit amendment may be required.
List permit number(s): _____

C. Title 30 TAC § 106.4(b): Circumvention check

Title 30TAC§ 106.4(b) states "No person shall circumvent by artificial limitations the requirements of§1 16.110 of this title (covering permitting)." Circumvention by artificial limitations may include but is not limited to:

- dividing a complete project into separate segments to circumvent §106.4(a)(1) limits;*
- claiming feed or production rates below the physical capacity of the project's equipment in order to begin constructing facilities before a permit or permit amendment is approved for full scale operations, particularly when the unit will not be economically viable at less than permitted capacity;*
- claiming a limited chemical list in order to begin constructing facilities before a permit or permit amendment is approved for additional chemicals, particularly when the unit will not be economically viable until the additional chemicals are authorized.*

Yes ☐ No ☒ Does your project meet any of the criteria listed above?
If "No", continue to next rule question. If "Yes", a permit by rule may not be claimed.

D. Title 30 TAC § 106.4(c) and (d): Compliance with all Rules

Yes ☒ No ☐ Will the facility comply with all rules and regulations of the TCEQ, the intent of the Texas Clean Air Act, and any local permitting or registration requirements? *If "Yes", continue to next rule question. If "No", a permit by rule may not be claimed.*

E. Title 30 TAC § 106.4(a)(1): Emission limits check

Yes ☒ No ☐ The maximum emissions from all facilities at the site, including this permit by rule claim, are less than 25 tpy of any contaminant.
If the answer to this questions is "Yes", no further review is needed to complete this checklist. Forward all information needed to verify your permit by rule claim to the . If "No", this checklist cannot be used. Please complete the standard 30 TAC § 106.4 Applicability Checklist.



**Title 30 Texas Administrative Code § 106.261
Permit By Rule (PBR) Checklist
Facilities (Emission Limitations)**

Electronic Submittal - Only enter the PI-7 confirmation number here if submitting electronically.
Hard-Copy Submittal - Print and complete the following checklist.

The following checklist is designed to help you confirm that you meet Title 30 Texas Administrative Code § 106.261 (30 TAC § 106.261) requirements. If you do not meet all the requirements, you may alter the project design or operation in such a way that all the requirements of the PBR are met or you may obtain a construction permit. The PBR forms, tables, checklists and guidance documents are available from the Texas Commission on Environmental Quality (TCEQ), Air Permits Division Web site at, www.tceq.state.tx.us/nav/permits/air_permits.html.

CHECK THE MOST APPROPRIATE ANSWER																																																			
Is a description or checklist of how this claim meets the general requirements for the use of PBRs in 30 TAC § 106.4 attached?			X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
b1	Is this claim for construction of a facility authorized in another section of this chapter or for which a standard permit is in effect? If "YES," this PBR cannot be used to authorize emissions from the project		<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A																																																
b2	Is this claim for any change to any facility authorized under another section of this chapter or authorized under a standard permit? If "YES," this PBR cannot be used to authorize emissions from the project		<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A																																																
a1	Are facilities or changes located at least 100 feet from any recreational area or residence or other structure not occupied or used solely by the owner or operator of the facilities or the owner of the property upon which the facilities are located?		X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
a2	Are total new or increased emissions, including fugitives, less than or equal to 6.0 pounds per hour (lb/hr) and ten tons per year of the following materials (check all that apply):		X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
<table border="0"><tr><td><input type="checkbox"/> acetylene</td><td><input type="checkbox"/> helium</td><td><input type="checkbox"/> propyl ether</td><td><input type="checkbox"/> limestone</td></tr><tr><td><input type="checkbox"/> argon</td><td><input type="checkbox"/> isohexane</td><td><input type="checkbox"/> sulfur dioxide</td><td><input type="checkbox"/> magnesite</td></tr><tr><td><input type="checkbox"/> butane</td><td><input type="checkbox"/> isopropyl alcohol</td><td><input type="checkbox"/> alumina</td><td><input type="checkbox"/> marble</td></tr><tr><td><input type="checkbox"/> crude oil</td><td><input type="checkbox"/> methyl acetylene</td><td><input type="checkbox"/> calcium carbonate</td><td><input type="checkbox"/> pentaerythritol</td></tr><tr><td><input type="checkbox"/> carbon monoxide</td><td><input type="checkbox"/> methyl chloroform</td><td><input type="checkbox"/> calcium silicate</td><td><input type="checkbox"/> plaster of paris</td></tr><tr><td><input type="checkbox"/> cyclohexane</td><td><input type="checkbox"/> methyl cyclohexane</td><td><input type="checkbox"/> cellulose fiber</td><td><input type="checkbox"/> silicon</td></tr><tr><td><input type="checkbox"/> cyclohexene</td><td><input type="checkbox"/> neon</td><td><input type="checkbox"/> cement dust</td><td><input type="checkbox"/> silicon carbide</td></tr><tr><td><input type="checkbox"/> cyclopentan</td><td><input type="checkbox"/> nonan</td><td><input type="checkbox"/> emery dust</td><td><input type="checkbox"/> starch</td></tr><tr><td><input type="checkbox"/> ethyl acetate</td><td><input type="checkbox"/> oxides of nitrogen</td><td><input type="checkbox"/> glycerin mist</td><td><input type="checkbox"/> sucrose</td></tr><tr><td><input type="checkbox"/> ethanol</td><td><input type="checkbox"/> propane</td><td><input type="checkbox"/> gypsum</td><td><input type="checkbox"/> zinc stearate</td></tr><tr><td><input type="checkbox"/> ethyl ether</td><td><input type="checkbox"/> propyl alcohol</td><td><input type="checkbox"/> iron oxide dust</td><td><input type="checkbox"/> zinc oxide</td></tr><tr><td><input type="checkbox"/> ethylene</td><td><input type="checkbox"/> propylene</td><td><input type="checkbox"/> kaolin</td><td></td></tr></table>				<input type="checkbox"/> acetylene	<input type="checkbox"/> helium	<input type="checkbox"/> propyl ether	<input type="checkbox"/> limestone	<input type="checkbox"/> argon	<input type="checkbox"/> isohexane	<input type="checkbox"/> sulfur dioxide	<input type="checkbox"/> magnesite	<input type="checkbox"/> butane	<input type="checkbox"/> isopropyl alcohol	<input type="checkbox"/> alumina	<input type="checkbox"/> marble	<input type="checkbox"/> crude oil	<input type="checkbox"/> methyl acetylene	<input type="checkbox"/> calcium carbonate	<input type="checkbox"/> pentaerythritol	<input type="checkbox"/> carbon monoxide	<input type="checkbox"/> methyl chloroform	<input type="checkbox"/> calcium silicate	<input type="checkbox"/> plaster of paris	<input type="checkbox"/> cyclohexane	<input type="checkbox"/> methyl cyclohexane	<input type="checkbox"/> cellulose fiber	<input type="checkbox"/> silicon	<input type="checkbox"/> cyclohexene	<input type="checkbox"/> neon	<input type="checkbox"/> cement dust	<input type="checkbox"/> silicon carbide	<input type="checkbox"/> cyclopentan	<input type="checkbox"/> nonan	<input type="checkbox"/> emery dust	<input type="checkbox"/> starch	<input type="checkbox"/> ethyl acetate	<input type="checkbox"/> oxides of nitrogen	<input type="checkbox"/> glycerin mist	<input type="checkbox"/> sucrose	<input type="checkbox"/> ethanol	<input type="checkbox"/> propane	<input type="checkbox"/> gypsum	<input type="checkbox"/> zinc stearate	<input type="checkbox"/> ethyl ether	<input type="checkbox"/> propyl alcohol	<input type="checkbox"/> iron oxide dust	<input type="checkbox"/> zinc oxide	<input type="checkbox"/> ethylene	<input type="checkbox"/> propylene	<input type="checkbox"/> kaolin	
<input type="checkbox"/> acetylene	<input type="checkbox"/> helium	<input type="checkbox"/> propyl ether	<input type="checkbox"/> limestone																																																
<input type="checkbox"/> argon	<input type="checkbox"/> isohexane	<input type="checkbox"/> sulfur dioxide	<input type="checkbox"/> magnesite																																																
<input type="checkbox"/> butane	<input type="checkbox"/> isopropyl alcohol	<input type="checkbox"/> alumina	<input type="checkbox"/> marble																																																
<input type="checkbox"/> crude oil	<input type="checkbox"/> methyl acetylene	<input type="checkbox"/> calcium carbonate	<input type="checkbox"/> pentaerythritol																																																
<input type="checkbox"/> carbon monoxide	<input type="checkbox"/> methyl chloroform	<input type="checkbox"/> calcium silicate	<input type="checkbox"/> plaster of paris																																																
<input type="checkbox"/> cyclohexane	<input type="checkbox"/> methyl cyclohexane	<input type="checkbox"/> cellulose fiber	<input type="checkbox"/> silicon																																																
<input type="checkbox"/> cyclohexene	<input type="checkbox"/> neon	<input type="checkbox"/> cement dust	<input type="checkbox"/> silicon carbide																																																
<input type="checkbox"/> cyclopentan	<input type="checkbox"/> nonan	<input type="checkbox"/> emery dust	<input type="checkbox"/> starch																																																
<input type="checkbox"/> ethyl acetate	<input type="checkbox"/> oxides of nitrogen	<input type="checkbox"/> glycerin mist	<input type="checkbox"/> sucrose																																																
<input type="checkbox"/> ethanol	<input type="checkbox"/> propane	<input type="checkbox"/> gypsum	<input type="checkbox"/> zinc stearate																																																
<input type="checkbox"/> ethyl ether	<input type="checkbox"/> propyl alcohol	<input type="checkbox"/> iron oxide dust	<input type="checkbox"/> zinc oxide																																																
<input type="checkbox"/> ethylene	<input type="checkbox"/> propylene	<input type="checkbox"/> kaolin																																																	
X refinery petroleum fractions (except for pyrolysis naphthas and pyrolysis gasoline) containing less than ten volume percent benzene <input type="checkbox"/> fluorocarbons Numbers 11, 12, 13, 14, 21, 22, 23, 113, 114, 115, and 116																																																			
a3	Are total new or increased emissions, including fugitives, less than or equal to 1.0 lb/hr of any chemical having a limit value (L) greater than 200 milligrams per cubic meter (mg/m ³) as listed and referenced in Table 262 of 30 TAC § 106.262 of this title (relating to Facilities (Emission and Distance Limitations)? List chemical: <u>Methanol</u> L value: <u>262</u>		X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
Are total new or increased emissions, including fugitives, less than or equal to 1.0 lb/hr of any chemical not listed or referenced in Table 262? List chemical: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO XN/A																																																
Are total new or increased emissions, including fugitives, of a chemical with a limit value of less than 200 mg/m ³ ? If "Yes" the authorization of the chemical is not allowed under this section. We suggest you use 30 TAC §106.262 to authorize the emissions, if applicable.			<input type="checkbox"/> YES <input type="checkbox"/> NO XN/A																																																

5330019.106-261.doc

a4 Are there any changes to or additions of any existing air pollution abatement equipment?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
a5 Will there be any visible emissions, except uncombined water, emitted to the atmosphere from any point or fugitive source in amounts greater than 5.0% opacity in any six-minute period?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
a6 Are emission increases five tons per year or greater? If "YES," this checklist must be attached to a Form PI-7 within ten days following the installation or modification of the facilities. The notification shall include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
<p>a7 Are emission increases less than five tons per year? If "YES," this checklist must be attached to a Form PI-7 and include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any. (pick one):</p> <p><input checked="" type="checkbox"/> Within ten days following the installation or modification of the facilities. The notification shall include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any; or</p> <p><input type="checkbox"/> By March 31 of the following year summarizing all uses of this permit by rule in the previous calendar year.</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A



Title 30 Texas Administrative Code § 106.262
Permit by Rule (PBR) Checklist
Facilities (Emission and Distance Limitations)

Electronic Submittal - Only enter the PI-7 confirmation number here if submitting electronically.
Hard-Copy Submittal - Print and complete the following checklist.

The following checklist is designed to help you confirm that you meet Title 30 Texas Administrative Code § 106.262 (30 TAC § 106.262) requirements. If you do not meet all the requirements, you may alter the project design or operation in such a way that all the requirements of the PBR are met or you may obtain a construction permit. The PBR forms, tables, checklists and guidance documents are available from the Texas Commission on Environmental Quality (TCEQ), Air Permits Division Web site at, www.tceq.state.tx.us/nav/permits/air_permits.html.

CHECK THE MOST APPROPRIATE ANSWER			
Is a description or checklist of how this claim meets the general requirements for the use of PBRs in 30 TAC § 106.4 attached?		X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
b1.	Is this claim for construction of a facility authorized in another section of this chapter or for which a standard permit is in effect? <i>If "YES," this PBR cannot be used to authorize emissions from the project.</i>	<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A	
b2.	Is this claim for any change to any facility authorized under another section of this chapter or authorized under a standard perm? <i>If "YES," this PBR cannot be used to authorize emissions from the project.</i>	<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A	
c.	Is the facility authorized under another section of this chapter or under a standard permit? <i>If "YES," subsection (a)(2) and (3) of this section may be used to qualify the use of other chemicals at the facility.</i>	X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
a1.	Are facilities or changes located at least 100 feet from any recreational area or residence or other structure not occupied or used solely by the owner or operator of the facilities or the owner of the property upon which the facilities are located?	X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
a2.	Are new or increased emissions, including fugitives, emitted in a quantity less than five tons per year or in a quantity less than E as determined by using the equation $E=L/K$? See Table 262 Figures 1 and 2. <i>If "YES," the notification shall include a description of the project, calculations for all emissions being claimed under this PBR.</i>	X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Chemical: <u>Methylene Chloride</u> L value: <u>26</u> D: <u>200</u> K: <u>200</u>			
a3. Is this checklist attached to a Form PI-7 within ten days following the installation or modification of the facilities? <i>If "YES," the notification shall include a description of the project, calculations, and data identifying specific chemical names, L values, and a description of pollution control equipment, if any..</i>		X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
a4. Are one or more of the following chemicals is handled for this registration? (Check all that apply) <i>If "YES," answer the following four questions.</i>		<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A	
<input type="checkbox"/> acrolein <input type="checkbox"/> allyl chloride <input type="checkbox"/> ammonia (anhydrous) <input type="checkbox"/> arsine <input type="checkbox"/> boron trifluoride <input type="checkbox"/> bromine <input type="checkbox"/> carbon disulfide <input type="checkbox"/> chlorine <input type="checkbox"/> chlorine dioxide <input type="checkbox"/> chlorine trifluoride <input type="checkbox"/> chloroacetaldehyde <input type="checkbox"/> chloropicrin <input type="checkbox"/> chloroprene	<input type="checkbox"/> diazomethane <input type="checkbox"/> diborane <input type="checkbox"/> diglycidyl ether <input type="checkbox"/> dimethylhydrazine <input type="checkbox"/> ethyleneimine <input type="checkbox"/> ethyl mercaptan <input type="checkbox"/> fluorine <input type="checkbox"/> formaldehyde (anhydrous) <input type="checkbox"/> hydrogen bromide <input type="checkbox"/> hydrogen chloride <input type="checkbox"/> hydrogen cyanide <input type="checkbox"/> hydrogen fluoride <input type="checkbox"/> hydrogen selenide	<input type="checkbox"/> hydrogen sulfide <input type="checkbox"/> ketene <input type="checkbox"/> methylamine <input type="checkbox"/> methyl bromide <input type="checkbox"/> methyl hydrazine <input type="checkbox"/> methyl isocyanate <input type="checkbox"/> methyl mercaptan <input type="checkbox"/> nickel carbonyl <input type="checkbox"/> nitric acid <input type="checkbox"/> nitric oxide <input type="checkbox"/> nitrogen dioxide <input type="checkbox"/> oxygen difluoride	<input type="checkbox"/> ozone <input type="checkbox"/> pentaborane <input type="checkbox"/> perchloromethyl mercaptan <input type="checkbox"/> perchloryl fluoride <input type="checkbox"/> phosgene <input type="checkbox"/> phosphine <input type="checkbox"/> phosphorus trichloride <input type="checkbox"/> selenium <input type="checkbox"/> hexafluoride stibine <input type="checkbox"/> liquefied sulfur dioxide <input type="checkbox"/> sulfur pentafluorid <input type="checkbox"/> tellurium hexafluoride



Title 30 Texas Administrative Code § 106.262
Permit by Rule (PBR) Checklist
Facilities (Emission and Distance Limitations)

	Are all facilities are located at least 300 feet from the nearest property line and 600 feet from any off-plant receptor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	Are the cumulative amount of any of the following chemicals resulting from one or more authorizations under this section (but not including permit authorizations) less than or equal to 500 pounds on the plant property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	Are all listed chemicals handled only in unheated containers operated in compliance with the United States Department of Transportation regulation (49 Code of Federal Regulation, Parts 171-178)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	Are any changes to or additions of any existing air pollution abatement equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
a5.	Are there any changes to or additions of any existing air pollution abatement equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
a6.	Will there be any visible emissions, except uncombined water, emitted to the atmosphere from any point or fugitive source in amounts greater than 5.0% opacity in any six-minute period?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

D, Feet	K	
100	326	E=maximum allowable hourly emission, and never to exceed 6 pounds per hour.
200	200	
300	139	
400	104	
500	65	
700	54	
800	46	K=value from the table on this page. (interpolate intermediate values)
900	39	
1,000	34	
2,000	14	D=distance to the nearest off-plant receptor
3,000 or more	8	

TABLE 262
LIMIT VALUES (L) FOR USE WITH EXEMPTIONS FROM PERMITTING § 106.262

The values are not to be interpreted as acceptable health effects values relative to the issuance of any permits under Chapter 116 of this title (relating to Control of Air Pollution by Permits for new Construction or Modification).

<u>Compound</u>	<u>Limit (L) Milligrams Per Cubic Meter</u>
Acetone	590.
Acetaldehyde	9.
Acetone	4.
Acetonitrile	34.
Acetylene	2662.
N-Amyl Acetate	2.7
Sec-Amyl Acetate	1.1
Benzene	3.
Beryllium and Compounds	0.0005
Boron Trifluoride, as HF	0.5
Butyl Alcohol,	76.
Butyl Acrylate	19.
Butyl Chromate	0.01
Butyl Glycidyl Ether	30.
Butyl Mercaptan	0.3
Butyraldehyde	1.4
Butyric Acid	1.8
Butyronitrile	22.
Carbon Tetrachloride	12.
Chloroform	10.
Chlorophenol	0.2
Chloroprene	3.6
Chromic Acid	0.01
Chromium Metal, Chromium II and III Compounds	0.1
Chromium VI Compounds	0.01
Coal Tar Pitch Volatiles	0.1
Creosote	0.1
Cresol	0.5
Cumene	50.
Dicyclopentadiene	3.1
Diethylaminoethanol	5.5
Diisobutyl Ketone	63.9
Dimethyl Aniline	6.4
Dioxane	3.6

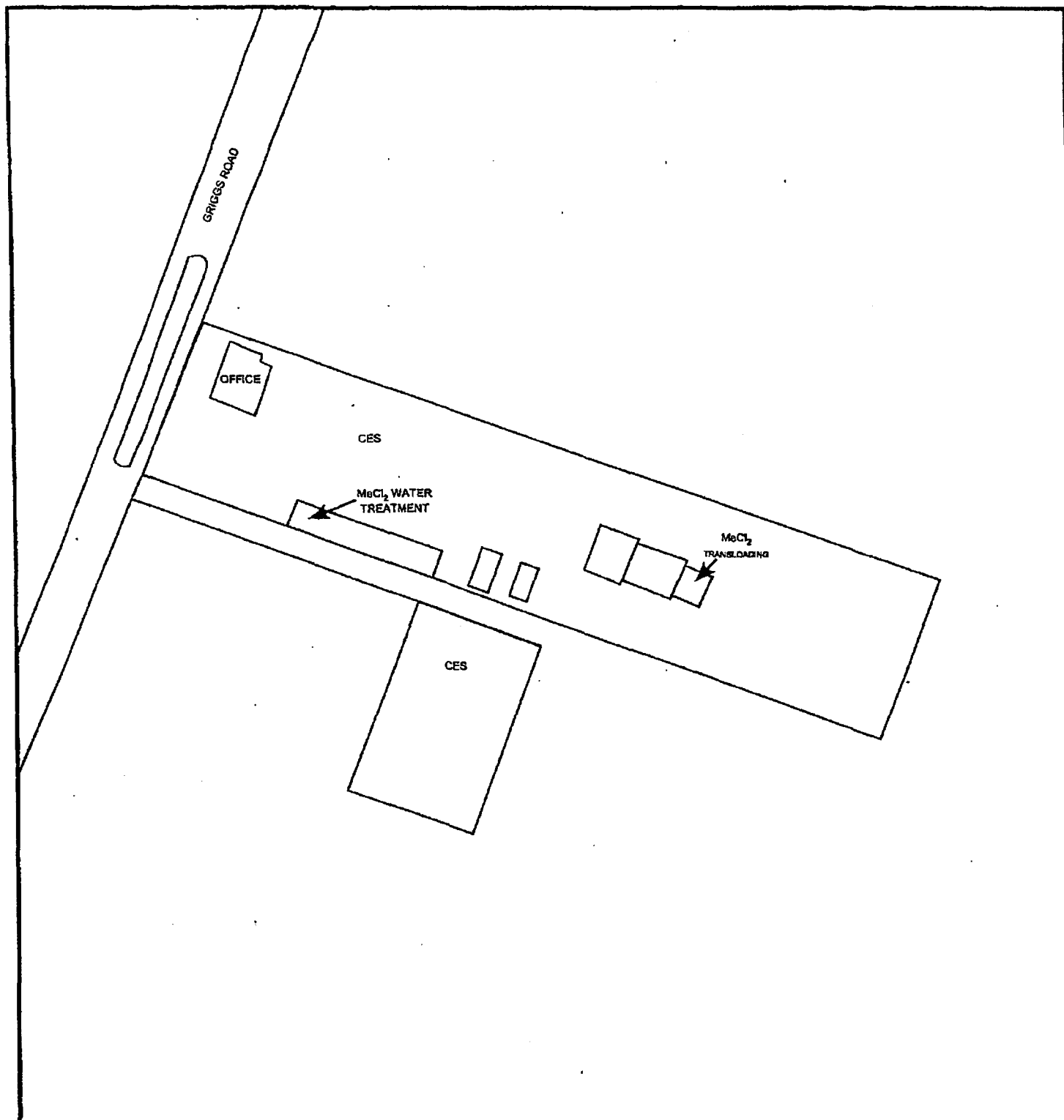
<u>Compound</u>	<u>Limit (L) Milligrams Per Cubic Meter</u>
Dipropylamine	8.4
Ethyl Acrylate	0.5
Ethylene Dibromide	0.38
Ethylene Glycol	26.
Ethylene Glycol Dinitrate	0.1
Ethylidene 2-norbornene, 5-	7.
Ethyl Mercaptan	0.08
Ethyl Sulfide	1.6
Glycolonitrile	5.
Halothane	16.
Heptane	350.
Hexanediamine, 1, 6-	0.32
Hydrogen Chloride	1.
Hydrogen Fluoride	0.5
Hydrogen Sulfide	1.1
Isoamyl Acetate	133.
Isoamyl Alcohol	15.
Isobutyronitrile	22.
Kepone	0.001
Kerosene	100.
Malononitrile	8.
Mesityl Oxide	40.
Methyl Acrylate	5.8
Methyl Amyl Ketone	9.4
Methyl-T-Butyl Ether	45.
Methyl Butyl Ketone	4.
Methyl Disulfide	2.2
Methylenebis (2-chloroaniline) (MOCA)	0.003
Methylene Chloride	26.
Methyl Isoamyl Ketone	5.6
Methyl Mercaptan	0.2
Merthyl Methacrylate	34.
Methyl Propyl Ketone	530.
Methyl Sulfide	0.3
Mineral Spirits	350.
Naphtha	350.
Nickel, Inorganic Compounds	0.015
Nitroglycerine	0.1

<u>Compound</u>	<u>Limit (L) Milligrams Per Cubic Meter</u>
Nitropropane	5.
Octane	350.
Parathion	0.05
Pentane	350.
Perchloroethylene	33.5
Petroleum Ether	350.
Phenyl Mercaptan	0.4
Propionitrile	14.
Propyl Acetate	62.6
Propylene Oxide	20.
Propyl Mercaptan	0.23
Silica-amorphous-precipitated, silica gel	4.
Silicon Carbide	4.
Stoddard Solvent	350.
Styrene	21.
Succionitrile	20.
Tolidin	0.02
Trichloroethylene	135.
Trinethylamine	0.1
Valeric Acid	0.34
Vinyl Acetate	15.
Vinyl Chloride	2.

NOTE: The time weighted average (TWA) threshold Limit Value (TLV) published by the American Conference of Governmental Industrial Hygienists (ACGIH), in its TLVs and BEIs guide (1997 Edition) shall be used for compounds not included in the table. The Short Term Exposure Level (STEL) or Ceiling Limit (annotated with a "C") published by the ACGIH shall be used for compounds that do not have a published TWA TLV. This section cannot be used if the compound is not listed in the table or does not have a published TWA TLV, STEL, or Ceiling Limit in the ACGIH TLVs and BEIs guide.

SITE MAP

PLOT PLAN



The WCM Group, Inc.
P. O. Box 3247
Humble, TX 77347-3247
(281) 446-7070 Fax (281) 446-3348

SITE DIAGRAM
CES ENVIRONMENTAL SERVICES, INC.
4904 GRIGGS ROAD
HOUSTON, HARRIS COUNTY, TEXAS

DRAWN BY: **LLS**
DATE: **10/19/2007**
REV. DATE:
DRAWING ID:

Approx Scale in Feet
0 70 140 210

H:\client\CES\Houston Site.cvx

FIGURE

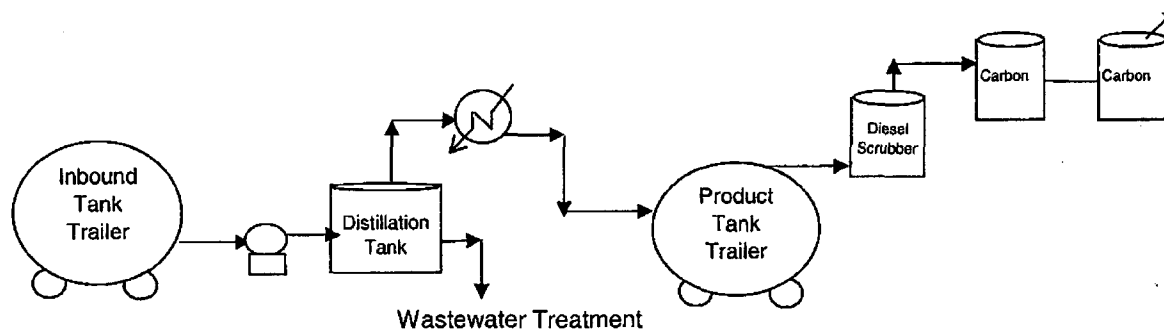
2



PROCESS FLOW DIAGRAM

Methylene Chloride Process Flow Diagram

Methylene Chloride Transloading with Distillation



Novell.

GroupWise WebPublisher

Section 1 - Document

November 9, 2007

MR MATT BOWMAN

PRESIDENT

CES ENVIRONMENTAL SERVICES

4904 GRIGGS RD

HOUSTON TX 77021

Permit by Rule Registration Number: 83191

Location/City/County: 4904 Griggs Road, Houston, Harris County

Project Description/Unit: Methylene Chloride Recovery from Tank Trailers

Regulated Entity Number: RN100693282

Customer Reference Number: CN600618946

New or Existing Site: Existing

Affected Permit (if applicable): None

Renewal Date (if applicable): None

CES Environmental Services, Inc. has certified the emissions associated with the Methylene Chloride recovery from tank trailers under Title 30 Texas Administrative Code §§ 106.261 and 106.262.

For rule information see www.tceq.state.tx.us/permitting/air/nav/numerical_index.html.

No planned MSS emissions have been represented or reviewed for this registration and none will be authorized by this PBR.

The company is also reminded that these facilities may be subject to and must comply with other state and federal air quality requirements. This certification is taken under the authority delegated by the Executive Director of the TCEQ. If you have questions, please contact Mr. Jonathan Wilmoth, P.E. at (512) 239-0567.

Sincerely, Certified Project Emissions:



<https://webmail.tceq.state.tx.us/gw/webpub/npdtr2Oe1nufcg4Lm1/GWDOC/DREF/tnrd...> 10/28/2008

EPAHO043000564

VOCs	0.29	tpy
HAP Methylene Chloride (included in VOCs)	0.28	tpy



Anne M. Inman, P.E., Manager

Rule Registrations Section

Air Permits Division

cc: Bureau Chief of Air Quality Control, Health and Human Services Department, City of Houston, Houston

Director, Pollution Control Department, Harris County Public Health and Environmental Services, Pasadena

Air Section Manager, Region 12 - Houston

Project Number: 133605

Headers

Buddy Garcia, *Chairman*

Larry R. Soward, *Commissioner*

Glenn Shankle, *Executive Director*

Texas Commission on Environmental Quality

Protecting Texas by Reducing and Preventing Pollution

Mr. Matt Bowman

November 7, 2007

Page

Footers

P.O. Box 13087 • Austin, Texas 78711-3087 • 512/239-1000 • Internet address: www.tceq.state.tx.us

<https://webmail.tceq.state.tx.us/gw/webpub/npdtr2Oe1nufcg4Lm1/GWDOC/DREF/tnrd...> 10/28/2008

EPAHO043000565

Section 1 - Document

GENERAL INFORMATION			
Regulated Entity No.:	RN100693282	Project Type:	Permit by Rule Application
Customer Reference No.:	CN600618946	Date Received by TCEQ:	October 23, 2007
Account No.:	see Technical Summary section	Date Received by Reviewer:	October 26, 2007
City/County:	Houston, Harris County	Physical Location:	4904 Griggs Road

CONTACT INFORMATION					
Responsible Official/ Primary Contact Name and Title:	Mr. Matt Bowman	Phone No.:	(713) 676-1460	Email:	mbowman@cesenvironmental.com
	President	Fax No.:	(713) 676-1676		
Technical Contact/ Consultant	Mr. Philip B. Evans	Phone No.:	(281) 446-7070	Email:	pevans@wcmgroup.com
	Director Technical Services	Fax No.:	(281) 446-3348		
Name and Title:					

GENERAL RULES CHECK	YES	NO	COMMENTS
Is confidential information included in the application?		X	
Are there affected NSR or Title V permits for the project?		X	There are no NSR permits in the NSR IMS for this site. The company certifies that an air federal operating permit is not required for this site.
Is each PBR > 25/250 tpy?		X	
Are PBR sitewide emissions > 25/250 tpy?		X	The company certifies that maximum emissions from all facilities at the site are less than 25 tpy of any air contaminant.
Are there permit limits on using PBRs at the site?		X	
Is PSD or Nonattainment netting required?		X	
Do NSPS, NESHAP, or MACT standards apply to this registration?		X	
Does NOx Cap and Trade apply to this registration?		X	The company does not represent any increases in NOx emissions under this registration.
Is the facility in compliance with all other applicable rules and regulations?	X		

DESCRIBE OVERALL PROCESS AT THE SITE
The CES Environmental Services site is a tank container cleaning facility.

DESCRIBE PROJECT AND INVOLVED PROCESS
<p>The company has submitted a registration for PBRs 106.261 and 106.262 for authorization of the operation of a methylene chloride recovery process at the site.</p> <p><u>Step 1. Methylene Chloride Transloading:</u></p> <p>Methylene chloride (C_2Cl_2) and water enter the facility in a truck tank (tank trailers) and are allowed to phase separate. The C_2Cl_2 phase is then decanted to an interface vessel (C_2Cl_2 is heavier than water and settles to bottom, water is on top) and transferred to another truck tank (product trailer). Emissions from the truck tanks and interface vessel are vented to a tote vessel containing diesel oil which acts as a scrubbing solution and then through an activated carbon canister to remove any residual C_2Cl_2 vapor.</p> <p>After the decanting and transfer process is complete, the liquid remaining in the hose is gravity drained into the interface vessel, and a very small amount of air is used to clear the liquid in the line leading from the pump on the interface vessel into the C_2Cl_2 truck tank. The truck tank containing mostly water with some residual C_2Cl_2 is then moved to another area of the site where additional processing is performed.</p> <p><u>Step 2. Water Processing:</u></p> <p>The water and any remaining C_2Cl_2 in the truck tank are pumped into a 10,000 gallon distillation tank. The distillation tank is then heated to approximately 120 °F to remove C_2Cl_2 from the water. The remaining water is tested to ensure removal of the C_2Cl_2 and then sent to wastewater treatment. The vapor phase from the distillation process containing C_2Cl_2 and any evaporated water passes through a condenser where it is cooled to approximately 70 °F. The condensed liquid is collected in a 250-gallon tote "accumulator vessel." Emissions of any uncondensed vapor from the accumulator vessel are routed to a diesel scrubber and then to activated carbon drums before being vented to the atmosphere. The material collected in the accumulator vessel is then transferred into the interface vessel from the transloading step of the process for phase separation.</p>

and transfer into the product trailer.

TECHNICAL SUMMARY - DESCRIBE HOW THE PROJECT MEETS THE RULES

The company has submitted a PI-7-CERT with supporting information. The company certifies that at the start of the process, throughputs are 800 gal/hr and 450,000 gal/yr. Based on company calculations, throughputs for the following steps of the process differ due to the nature of the overall process.

Methylene chloride is not a highly reactive VOC (HRVOC).

The company has indicated to the reviewer that this registration 83191 and registration 75375 belong under account number HG-1270-B (RN10417076). The reviewer informed the project coordinator for the RR Section and requested that the information be forwarded to APIRT if the project coordinator has no issues. The company listed HG-1270-B on the PI-7-CERT in the registration but also listed RN100693282 on the PI-7-CERT. The reviewer did not delay processing of this registration for this item.

There are only several PBR registration projects for RN100693282 and RN10417076 in the NSR IMS.

The reviewer was unable to determine total emissions at the RN100693282 and RN10417076 sites based on available information in GroupWise.

The company did not address MSS in this registration project.

Highlighted 106.261 Requirements as Represented by the Company

- The distance to the nearest off-site receptor is >100 feet.
- Other permits by rule and standard permits do not apply to these facilities.
- Total new or increased emissions, including fugitives, are less than or equal to 6.0 lb/hr and 10 tpy for refinery petroleum fractions. See table below.
- Threshold limit values greater than 200 mg/m³ is not applicable to this registration.
- Chemicals not listed or referenced in 106.262 is not applicable to this registration.
- There will be no changes to or additions of any air pollution abatement equipment.
- Visible emissions, except uncombined water, will not exceed 5% opacity in any six-minute period.

Highlighted 106.262 Requirements as Represented by the Company

- The distance to the nearest off-site receptor is >100 feet.
- The facilities are not authorized under another PBR or a standard permit.
- There will be no changes to or additions of any air pollution abatement equipment.
- Emissions will not exceed the calculated E value, using the equation $E = L/K$; see table below.
- 106.262(a)(4) does not apply to this registration.
- Visible emissions, except uncombined water, will not exceed 5% opacity in any six-minute period.

COMMUNICATION LOG

Date	Time	Name/Company	Subject of Communication
10/30/2007	3:10 PM	Mr. Philip Evans / The WCM Group, Inc.	The reviewer left a detailed message and requested please return call.
10/31/2007	about 9:00 AM	Mr. Philip Evans / The WCM Group, Inc.	<p>Mr. Evans called the reviewer.</p> <p>Mr. Evans said that this registration and registration 75375 belong under account number HG-1270-B.</p> <p>Mr. Evans said that no standard permits apply to this site and that no standard permits have been claimed for this site.</p> <p>Mr. Evans addressed 106.262 requirements that had not been addressed in the registration.</p> <p>Mr. Evans said no NSPS, MACT, or NESHAPs standards apply to this registration.</p> <p>Mr. Evans said that the existing controls in this registration are dedicated to this registration and to odor control for wastewater. Mr. Evans said the controls can handle the loading demands of all the waste gas streams vented to the controls.</p>
10/31/2007	10:05 AM	Mr. Philip Evans / The WCM Group, Inc.	Mr. Evans called the reviewer.

			Mr. Evans said that waste (spent) diesel is sent off-site for disposal.
			Mr. Evans said that he would e-mail more detailed emission calculations for emissions from the hose that connects the water and remaining C2Cl2 under Step 2., Water Processing with the distillation tank.
10/31/2007	10:19 AM	Mr. Philip Evans / The WCM Group, Inc.	The reviewer received the e-mail from Mr. Evans. According to the e-mail, spent diesel will not be processed at the site, and spent diesel will be shipped off-site in drums for disposal. The e-mail included updated emission calculations for the hose that connects the water and remaining C2Cl2 under Step 2., Water Processing with the distillation tank.



PBR Emission Limits

Chemical	PBR Claimed	L, mg/m ³	Emission Limit (E = L/K) lb/hr	Emission Limit tpy	Actual Emissions lb/hr	Actual Emissions tpy
for Transloading						
methylene chloride	106.262(a)(2)	26	0.077	0.336	0.054	0.214
diesel (refinery petroleum fractions)	106.261(a)(2)	NA	6	10	0.008	0.002
for Water Processing						
methylene chloride	106.262(a)(2)	26	0.130	0.569	0.040	0.071
diesel (refinery petroleum fractions)	106.261(a)(2)	NA	6	10	0.036	0.002

ESTIMATED EMISSIONS

EPN / Emission Source	Specific VOC or Other Pollutants	VOC		NOx		CO		PM ₁₀		SO ₂		HAPs	
		lbs/hr	tpy	lbs/hr	tpy	lbs/hr	tpy	lbs/hr	tpy	lbs/hr	tpy	lbs/hr	tpy
no EPNs assigned / emissions from Transloading		0.06	0.22									0.05	0.21
no EPNs assigned / emissions from Water Processing		0.08	0.07									0.04	0.07
TOTAL EMISSIONS (TPY):			0.29										0.28
MAXIMUM OPERATING SCHEDULE:		Hours/Day		Days/Week		Weeks/Year		Hours/Year				8760	

SITE REVIEW / DISTANCE LIMIT	Yes	No	Description/Outcome	Date	Reviewed by
Site Review Required?		X		11/07/2007	Mr. Jonathan Wilmoth, P.E.
PBR Distance Limits Met?	X		Distance to nearest property line: 100 feet. Distance to nearest off-property structure: 125 feet. Distance to nearest off-site receptor: 125 feet for Transloading, 200 feet for Water Processing.	11/07/2007	Mr. Jonathan Wilmoth, P.E.

	TECHNICAL REVIEWER	PEER REVIEWER	FINAL REVIEWER
SIGNATURE:			
PRINTED NAME:	Mr. Jonathan Wilmoth, P.E.	Ms. Nancy Akintan	Jon Edwards, P.E.
DATE:	11/07/2007	11/08/07	11/09/07

BASIS OF PROJECT POINTS	POINTS
Base Points: 106.261	1.5

<i>Project Complexity Description and Points:</i>	
Additional PBRs	0.5
GroupWise search and review of previous TRVs, deficiencies, phone calls, and additional review	1.0
Technical Reviewer Project Points Assessment:	3.0
Final Reviewer Project Points Confirmation:	3.00

Headers

TECHNICAL REVIEW: AIR PERMIT BY RULE

Permit No.:	83191	Company Name:	CES Environmental Services, Inc.	APD Reviewer:	Mr. Jonathan Wilmoth, P.E.
Project No.:	133605	Unit Name:	Methylene Chloride Recovery from Tank Trailers	PBR No(s).:	106.261 and 106.262

Footers

Published by GroupWise



The WCM Group, Inc.

100000

October 19, 2007

Mr. David Howell
Permits Administrative Review (PAR) Section (MC 166)
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
12100 Park 35 Circle, Building F, First Floor, Room 1206
Austin, TX 78753

LONE STAR
AIRBILL NUMBER
37620349

Reference: CES Environmental Services, Inc.
Houston, Harris County, Texas
Registration of Permit By Rule §106.261 and §106.262
CN 600618946; RN 100693282

Dear Mr. Howell:

On behalf of CES Environmental Services, Inc. (CES), please find enclosed documentation authorizing the operation of a process to recover Methylene Chloride from tank trailers containing Methylene Chloride and water. The process qualifies for authorization under Permits-By-Rule (PBR) §106.261 and §106.262.

If you have questions regarding this registration, or require further information, please do not hesitate to contact Mr. Mat Bowman of CES at (713) 676-1460, or me directly at (281) 446-7070.

Sincerely,

Philip B. Evans
Director, Technical Services

PBE/nb
26552:5330005.lts

Enclosure

cc: M. Bowman
L. Vasse
B. Allen



The WCM Group, Inc.

October 19, 2007

Mr. John Racanelli
Revenue Section (MC-214)
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
12100 Park 35 Circle
Austin, Texas 78753

LONE STAR
AIRBILL NUMBER
37620350

Reference: CES Environmental Services, Inc.
Houston, Harris County, Texas
Registration of Permit By Rule §106.261 and §106.262
CN 600618946; RN 100693282

Dear Mr. Racanelli:

On behalf of CES Environmental Services, Inc., please find enclosed a check in the amount of \$100 to cover the fee for the above referenced Permit-By-Rule (PBR) registration. A copy of the PI-7 Form is also enclosed.

If you have questions regarding this registration, or require further information, please do not hesitate to contact Mr. Mat Bowman of CES at (713) 676-1460, or me directly at (281) 446-7070.

Sincerely,

Philip B. Evans
Director, Technical Services

PBE/nb
26552:5330005.lts

Enclosure

cc: M. Bowman
L. Vasse
B. Allen

THE WCM GROUP INC.
PETTY CASH ACCOUNT
P.O. BOX 3247
HUMBLE, TX 77347-3247



1354

DATE 10/16/07

32-75/1110
787

PAY ONE HUNDRED DOLLARS AND NO/100

DOLLARS \$ 100.00

TO
THE
ORDER
OF

TCEQ
12100 PARK 35 CIRCLE
AUSTIN, TEXAS 78753

TWO SIGNATURES REQUIRED
NO CHECKS ALLOWED OVER \$5,000.00

Laura C. Howell
[Signature]

⑈001354⑈ (b) (6)

THE WCM GROUP INC.
PETTY CASH ACCOUNT
HUMBLE, TX 77347-3247

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW
IF NOT CORRECT, PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED

DATE	DESCRIPTION	AMOUNT
10/16/07	PBR REGISTRATION FEE	\$ 100.00

A2

EPAHO043000572

**PERMIT-BY-RULE AUTHORIZATION FOR
HANDLING OF METHYLENE CHLORIDE**

**Prepared for
CES ENVIRONMENTAL SERVICES, INC.
Houston, Texas**

**Prepared by
THE WCM GROUP, INC.
Humble, Texas**

October 2007

EPAHO043000573

**PERMIT-BY-RULE AUTHORIZATION FOR
HANDLING OF METHYLENE CHLORIDE**

**Prepared for
CES ENVIRONMENTAL SERVICES, INC.
Houston, Texas**

TABLE OF CONTENTS

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INTRODUCTION	iii
1.0 PROCESS DESCRIPTION.....	1
2.0 EMISSIONS SUMMARY.....	2

ATTACHMENTS

A - EMISSION CALCULATIONS

FORMS

TCEQ PI-7CERT FORM

TCEQ §106.4 CHECKLIST

TCEQ §106.261 CHECKLIST

TCEQ §106.262 CHECKLIST

FIGURES

1 - AREA MAP

2 - FACILITY PLOT PLAN

3 - AERIAL PHOTOGRAPH

4 - PROCESS FLOW DIAGRAM

INTRODUCTION

CES Environmental Services Inc. (CES) operates a tank container cleaning facility at 4904 Griggs Road in Houston, Harris County, Texas (CN600618946, RN100693282) under Texas Commission on Environmental Quality (TCEQ) Permit Exemption No. 15980 and subsequent Permit-By-Rule (PBR) Registration No. 75375.

CES is submitting the enclosed documentation to demonstrate PBR authorization for the operation of a Methylene Chloride (MeCl₂) recovery process at the site. Specifically, Methylene Chloride and water enter the facility in a truck tank and are allowed to phase separate. The MeCl₂ phase is then decanted to an interface vessel and transferred to another truck tank. The remaining water is then processed to remove residual MeCl₂ before being sent to wastewater treatment. Details on these operations can be found in the Process Description section of this application and in the attached calculations.

CES is located in the Houston/Galveston ozone non-attainment area and is classified as a minor source for Volatile Organic Compound (VOC) emissions. The emissions increase associated with this project are approximately 0.28 tons per year (tpy) of VOC. As a result, the project does not trigger non-attainment netting.

A PI-7CERT form, as well as TCEQ §106.4, §106.261, and §106.262 Checklists, are provided in the Forms section of this report. Emission calculations are provided in Attachment A. A Site Location Map, Aerial Photograph, Facility Plot Plan, and Process Flow Diagram are included in the Figures section.

1.0 PROCESS DESCRIPTION

The Methylene Chloride recovery process takes place in two parts, transloading and water treatment. The inbound trucks contain two phases of liquid. The bottom phase contains MeCl₂. The upper phase is an aqueous layer consisting of water with a small amount of dissolved MeCl₂.

The incoming tank trailer containing MeCl₂ and water will be placed on an existing concrete containment pad adjacent to the wash rack along with another tank trailer and a 550-gallon tote "interface vessel". The tank trailers are both connected to the interface vessel. Methylene Chloride is slowly decanted in batches from the bottom of the inbound trailer into the interface vessel. The material is allowed to settle briefly in the interface vessel and is then pumped from the interface vessel into the MeCl₂ product trailer. Emissions from the trailers and the interface vessel are vented through a 450-gallon tote vessel containing diesel oil which acts as a scrubbing solution, and then through an activated carbon canister to remove any residual MeCl₂ vapor.

When the MeCl₂ decanting and transfer process is complete, the liquid remaining in the hose is gravity drained into the interface vessel and a very small amount of air is used to clear the liquid in the line leading from the pump on the interface vessel into the MeCl₂ storage trailer. The tank trailer containing mostly water with some residual MeCl₂ is then moved to another area for the facility where additional processing is performed.

The water and any remaining MeCl₂ in the tank trailer are pumped into a 10,000-gallon distillation tank. The distillation tank is then heated to approximately 120° F to remove MeCl₂ from the water. The remaining water is tested to ensure removal of the MeCl₂ and then sent to water treatment. The vapor phase from the distillation process containing MeCl₂ and any evaporated water passes through a condenser where it is cooled to approximately 70° F and the condensed liquid is collected in a 250-gallon tote "accumulator vessel". Emissions of any uncondensed vapor from the accumulator vessel are routed to a diesel scrubber and then to activated carbon drums before being vented to the atmosphere. The material collected in the accumulator vessel is then transferred into the interface vessel from the transloading step of the process for phase separation and transfer into the product trailer.

2.0 EMISSIONS SUMMARY

Emissions from the Methylene Chloride recovery operation are calculated based on several process steps. Exhaust exiting the carbon units is monitored daily to ensure VOC emitted to the atmosphere remains below 100 ppmv. This includes both MeCl₂ and any evaporated diesel from the diesel scrubber. The emission calculations for all emissions venting through controls are therefore conservatively calculated based on the volume displaced and a 100 ppmv concentration of VOC in the carbon bed exhaust. The carbon beds are replaced with fresh carbon when their exhaust concentrations reach 100 ppmv VOC.

Emissions from disconnecting of hoses are calculated assuming the vapor volume inside the hose is saturated with the last material to pass through the hose. The exception to this method is the hose from the interface vessel pump to the product truck tank, which is blown clear with air before being disconnected.

Fugitive emissions from potential leaks at valves, pumps, and connections associated with this project are calculated using the methods and emission factors specified in the TCEQ document "Air Permit Technical Guidance for Chemical Sources: Equipment Leak Fugitives". A thirty percent reduction credit is taken for Operations personnel monitoring the loading/unloading operations for leaks that can be detected with visible, audible, or olfactory means.

The emission calculations conservatively assume a 100 ppmv concentration for both diesel and Methylene Chloride for PBR compliance evaluation purposes. The actual increase in VOC emissions associated with the project is the higher of the two emission rates and not their sum. The total project increase is, therefore, 0.28 tpy, well below the level requiring non-attainment or PSD review.

ATTACHMENT A
EMISSION CALCULATIONS

CES Environmental Services
Emissions from transloading of Methylene Chloride

The transloading process takes place in two steps. First from the in bound truck to the interface vessel, and then from the interface vessel to the product truck. The calculations shown here represent emissions from one of the steps. The result must then be doubled to determine the total emissions from the transloading process.

Emissions are routed through a diesel scrubber and carbon adsorption bed with a maximum exhaust concentration of 100 ppmv VOC.

P = 14.7 psia
V (hourly) = 800 gal/hr = 106.95 ft³/hr
V (annual) = 450,000 gal/yr = 60160.43 ft³/yr
R = 10.73 (psi*ft³)/(lbmole*R)
T = 80 F = 540 R
C = 100 ppmv VOC
MW (MeCl₂) 84.933 lb/lbmole
MW (Diesel) 130 lb/lbmole

PV = nRT
n = PV/RT
n(VOC) = n * C/1,000,000
lb = n*MW = MW(PV/RT)

	moles/hr	moles/yr
n =	0.27	152.63
n (VOC) =	2.71E-05	1.53E-02

Emissions per step

Chemical	lb/hr	tpy
MeCl ₂	2.30E-03	6.48E-04
Diesel	3.53E-03	9.92E-04

Total Emissions from transloading

Chemical	lb/hr	tpy
MeCl ₂	4.61E-03	1.30E-03
Diesel	7.05E-03	1.98E-03

CES Environmental Services**Emissions from unloading into distillation tank.**

After the MeCl₂ is removed from the bottom of the tank trailer, the water and residual dissolved MeCl₂ is pumped into a distillation tank.

Emissions are routed through a diesel scrubber and carbon adsorption bed with a maximum exhaust concentration of 100 ppmv VOC.

P = 14.7 psia
V (hourly) = 4000 gal/hr = 534.76 ft³/hr
V (annual) = 450,000 gal/yr = 60160.43 ft³/yr
R = 10.73 (psi*ft³)/(lbmole*R)
T = 80 F = 540 R
C = 100 ppmv VOC
MW (MeCl₂) = 84.933 lb/lbmole
MW (Diesel) = 130 lb/lbmole

PV = nRT
n = PV/RT
n(VOC) = n * C/1,000,000
lb = n*MW = MW(PV/RT)

	moles/hr	moles/yr
n =	1.36	152.63
n (VOC) =	1.36E-04	1.53E-02

Emissions

Chemical	lb/hr	tpy
MeCl ₂	1.15E-02	6.48E-04
Diesel	1.76E-02	9.92E-04

CES Environmental Services
Emissions from distillation tank.

The distillation tank is heated to 120F to remove MeCl₂ overhead. The overhead vapors are then cooled to 70F. Flow rate is conservatively based on maximum vapor displacement.

Emissions are routed through a diesel scrubber and carbon adsorption bed with a maximum exhaust concentration of 100 ppmv VOC.

P = 14.7 psia
V (hourly) = 4000 gal/hr = 534.76 ft³/hr
V (annual) = 450,000 gal/yr = 60160.43 ft³/yr
R = 10.73 (psi*ft³)/(lbmole*R)
T = 70 F = 530 R
C = 100 ppmv VOC
MW (MeCl₂) 84.933 lb/lbmole
MW (Diesel) 130 lb/lbmole

PV = nRT
n = PV/RT
n(VOC) = n * C/1,000,000
lb = n*MW = MW(PV/RT)

	moles/hr	moles VOC/hr
n =	1.38	155.51
n (VOC) =	1.38E-04	1.56E-02

Emissions

Chemical	lb/hr	tpy
MeCl ₂	1.17E-02	6.60E-04
Diesel	1.80E-02	1.01E-03

CES Environmental Services**Emissions from transfer of recovered MeCl₂ to interface and to tank truck**

MeCl₂ recovered in the accumulator vessel during the distillation process is transferred into the interface vessel and then into the product truck tank. As with transloading, calculations shown here represent emissions from one of the steps. The result must then be doubled to determine the total emissions from the transloading process.

Emissions are routed through a diesel scrubber and carbon adsorption bed with a maximum exhaust concentration of 100 ppmv VOC.

P = 14.7 psia
V (hourly) = 80 gal/hr = 10.70 ft³/hr
V (annual) = 9,000 gal/yr = 1203.21 ft³/yr
R = 10.73 (psi*ft³)/(lbmole*R)
T = 80 F = 540 R
C = 100 ppmv VOC
MW (MeCl₂) 84.933 lb/lbmole
MW (Diesel) 130 lb/lbmole

PV = nRT
n = PV/RT
n(VOC) = n * C/1,000,000
lb = n*MW = MW(PV/RT)

	moles/hr	moles/yr
n =	0.03	3.05
n (VOC) =	2.71E-06	3.05E-04

Emissions per step

Chemical	lb/hr	tpy
MeCl ₂	2.30E-04	1.30E-05
Diesel	3.53E-04	1.98E-05

Total Emissions from transfer to interface vessel to truck

Chemical	lb/hr	tpy
MeCl ₂	4.61E-04	2.59E-05
Diesel	7.05E-04	3.97E-05

CES Environmental Services
Hose Clearing/Disconnecting Emissions

Hose Length: 30 feet
Hose Diameter: 2 inch = 0.17 ft
Hose Volume: 0.0218 ft³
Events Per Year: 113

Transloading Hoses:

The hose from the pump to the product tank is blown with air into the product tank. The displaced vapors are vented through the diesel scrubber and carbon. Using the transloading calculation and the volume of a hose, the resulting emissions are:

Chemical	lb/hr	tpy
MeCl ₂	4.70E-07	2.65E-08
Diesel	7.19E-07	4.06E-08

Following the transloading operations, the hose connecting the inbound truck to the interface vessel is gravity drained into the interface vessel and then disconnected. At that time, the line would contain water with approximately 2% dissolved MeCl₂.

The displacement of vapors through the interface vessel to control is the same as calculated above assuming 100 ppmv concentration. This is very highly conservative given the small quantity of MeCl₂ in the water.

Chemical	lb/hr	tpy
MeCl ₂	4.70E-07	2.65E-08
Diesel	7.19E-07	4.06E-08

Distillation Tank Transfer Hose:

The same calculation can also represent the disconnecting of the hose from the inbound truck to the distillation tank. Emissions from disconnecting the line are as follows. It is assumed the vapor remaining in the hose is saturated.

$$lb = MW \cdot n = MW(PV/RT)$$

MATERIAL	Liquid Composition (%)	MW (lb/lb-mole)	Mole Fraction	Temperature (F)	VPa (psia)	Emissions	
						(lb/hr)	(tpy)
MeCl ₂	2.00	84.9	0.0878	80	0.791	2.53E-04	1.43E-05
Water	98.00	18.0	0.9122	80	0.490	3.32E-05	1.88E-06

**CES Environmental Services
Fugitive Emissions**

Methylene Chloride Transloading

Component Type	Service	Quantity	Emission Factor	Operating Schedule	Uncontrolled Emissions		Control Efficiency	Controlled Emissions	
					lb/hr	tpy		lb/hr	tpy
Valves	Light Liquid	4	0.0035	8760	0.01	0.06	30	0.01	0.04
Valves	Gas/Vapor	0	0.0089	8760	0.00	0.00	30	0.00	0.00
Flanges	Light Liquid	10	0.0005	8760	0.01	0.02	30	0.00	0.02
Flanges	Gas/Vapor	4	0.0029	8760	0.01	0.05	30	0.01	0.04
Pumps	Light Liquid	1	0.0386	8760	0.04	0.17	30	0.03	0.12
Totals								0.05	0.21

It is conservatively assumed that emissions from methylene chloride transloading consist entirely of methylene chloride (no water).

Distillation Tank

Component Type	Service	Quantity	Emission Factor	Operating Schedule	Uncontrolled Emissions		Control Efficiency	Controlled Emissions	
					lb/hr	tpy		lb/hr	tpy
Valves	Light Liquid	4	0.0035	8760	0.01	0.06	30	0.01	0.04
Valves	Gas/Vapor	3	0.0089	8760	0.03	0.12	30	0.02	0.08
Flanges	Light Liquid	12	0.0005	8760	0.01	0.03	30	0.00	0.02
Flanges	Gas/Vapor	10	0.0029	8760	0.03	0.13	30	0.02	0.09
Pumps	Light Liquid	1	0.0386	8760	0.04	0.17	30	0.03	0.12
Totals								0.08	0.35

Speciation		Controlled Emissions	
Material	Wt %	lb/hr	tpy
MeCl ₂	20	0.02	0.07
Water	80	0.06	0.28



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

I. REGISTRANT INFORMATION			
A. TCEQ Customer Reference Number: CN-600618946		TCEQ Regulated Entity Number: RN-100693282	
<i>Note: If "NO," CN or RN number was entered above; please fill out the required Core Data Form, which will be available in Step II of the submittal process.</i>			
B. Company or Other Legal Customer Name: CES Environmental Services Inc.			
Company Official Contact Name: Matt Bowman		Title: President	
Mailing Address: 4904 Griggs Rd.			
City: Houston		State: TX	Zip Code: 77021
Phone No.: (713) 676-1460	Fax No.: (713) 676-1676	E-mail Address: mbowman@cesenvironmental.com	
C. Technical Contact Name: Philip Evans			
Company: The WCM Group, Inc.			
Mailing Address: 110 Bender Ave			
City: Humble		State: TX	Zip Code: 77336
Phone No.: (281) 446-7070	Fax No.: (281) 446-3348	E-mail Address: pevans@wcmgroup.com	
D. Facility Location Information - Street Address: 4904 Griggs Rd.			
<i>If "NO," street address, provide written driving directions to the site: (attach description if additional space is needed)</i>			
City: Houston		County: Harris	Zip Code: 77021
II. FACILITY AND SITE INFORMATION			
A. Name and Type of Facility: CES Environmental Services Inc.			<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Portable
B. PBR claimed under 30 TAC § 106 (List all):			
§ 106.261		§ 106.	
§ 106.262		§ 106.	
§ 106.		§ 106.	
Are you claiming a historical standard exemption or PBR?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>If "YES," enter effective date and Rule Number:</i>			
C. Are you registering a grandfathered facility? If "YES," attach documentation of construction date:			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
D. Is there a previous Standard Exemption or PBR for the facility in this registration? (Attach details regarding changes)			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i>If "YES," enter Registration Number and Rule Number:</i>		75375	261/262
E. Are there any other facilities at this site which are authorized by an Air Standard Exemption or PBR?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>If "YES," enter Registration Number and Rule Number:</i>			
F. Are there any other air preconstruction permits at this site?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>If "YES," enter Permit Numbers:</i>			
G. Is this site required to obtain an air federal operating permit?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>If "YES," enter Permit Number:</i>			
H. TCEQ Account Identification Number (if known):		HG1270B	



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

III. FEE INFORMATION			
<i>To determine if a fee is required answer the following question. If "YES," to question III. A., a fee is not required, skip to Section IV. If "NO," to answer II. A., then go to Section III. B. See Section VI. for address to send fee or go to www.2.tceq.state.tx.us/epay to pay online.</i>			
A. Is this registration an update to a previously registered facility and accompanied by a Certification Form solely to establish a federally enforceable emission limit?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. What is the fee amount? <i>If "YES," to any of the following three questions, a \$100 fee is require. Otherwise, a \$450 fee is required.</i>			
Does this business have less than 100 employees?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Does this business have less than 1 million dollars in annual gross receipts?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Is this registration submitted by a governmental entity with a population of less than 10,000?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. Check/Money Order or Transaction Number (Payable to TCEQ):		Was fee Paid online?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Company name of check:		Fee amount:	\$100
IV. SELECTED FACILITY REVIEWS ONLY—TECHNICAL INFORMATION			
<i>Note: If claiming one of the following PBRs, complete this section, then skip to Section VI., "Submitting your registration" below:</i>			
<i>Animal Feeding Operations § 106.161</i>		<i>Livestock Auction Facilities § 106.162 Saw Mills § 106.223</i>	
<i>Grain Handling, Storage and Drying § 106.283</i>		<i>Auto Body Refinishing Facilities § 106.436 Air Curtain Incinerator § 106.496</i>	
A. Is the applicable PBR checklist attached which shows the facility meets all general and specific requirements of the PBR(s) being claimed? <i>(If submitting electronically, click "YES".)</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Distance from this facility's emission release point to the nearest property line:		feet	
Distance from this facility's emission release point to the nearest off-property structure:		feet	
V. TECHNICAL INFORMATION INCLUDING STATE AND FEDERAL REGULATORY REQUIREMENTS			
<i>Registrants must be in compliance with all applicable state and federal regulations and standards to claim a PBR.</i>			
A. Is Confidential information submitted and properly marked "CONFIDENTIAL" with this registration?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. Is a process flow diagram or a process description attached?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. Are emissions data and calculations for this claim attached?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
D. Is information attached showing how the general requirements (30 TAC § 106.4) of the PBR is met for this Registration? (PBR checklists may be used, but are optional)			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i>Note: Please be reminded that if the facilities listed in this registration are subject to the Mass Emissions Cap & Trade program under 30 TAC Chapter 101, Subchapter H, Division 3, the owner/operator of these facilities must possess NO_x allowances equivalent to the actual NO_x emissions from these facilities.</i>			
E. Is information attached showing how the specific PBR requirements are met for this registration? (PBR checklist may be used, but are optional)			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
F. Distance from this facility's emission release point to the nearest property line:		100 feet	
Distance from this facility's emission release point to the nearest off-property structure:		125 feet	
<i>Note: In limited cases, a map or drawing of the site and surrounding land use may be requested during the technical review or at the request of the TCEQ Regional Office or local air pollution control program during an investigation.</i>			



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

VI. SIGNATURE FOR CERTIFICATION AND REGISTRATION		
<p>The signature below indicates that the Responsible Official has knowledge of the facts herein set forth and that the same are true, accurate, and complete to the best of my knowledge and belief. By this signature, the maximum emission rates listed on this certification reflect the maximum anticipated emissions due to the operation of this facility and all representations in this certification of emissions are conditions upon which the facilities and sources will operate. It is understood that it is unlawful to vary from these representations unless the certification is first revised. The signature certifies that to the best of the Responsible Official's knowledge and belief, the project will satisfy the conditions and limitations of the indicated exemption or permit by rule and the facility will operated in compliance with all regulations of the Texas Commission on Environmental Quality and with Federal U.S. Environmental Protection Agency regulations governing air pollution. The signature below certifies that, based on information and belief formed after reasonable inquiry, the statements and information above and contained in the attached document(s) are true, accurate, and complete. If you questions on how to fill out this form or about air quality permits. Please call 512/239-1250. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, call 512/239-3282.</p>		
SIGNATURE: <u>Marlin Moser</u>		DATE: <u>10/4/07</u>
VII. SUBMITTING COPIES OF THE CERTIFICATION AND REGISTRATION		
<p>Copies must be sent as listed below: Processing delays may occur if copies are not sent as noted.</p>		
Who	Where	What
Air Permits Initial Review Team (APIRT)	Regular, Certified, Priority Mail MC161, P.O. Box 13087 Austin, Texas 78711-3087 Hand Delivery, Overnight Mail MC 161, 12100 Park 35 Circle, Building C, Third Floor Austin, Texas 78753 Fax No.: (512) 239-2123 (do not follow fax with paper copies)	Originals Form PI-7, Core Data Form, and all attachments
Revenue Section, TCEQ	Regular, Certified, Priority Mail MC 214, P.O. Box 13088 Austin, Texas 78711-3088 Hand Delivery, Overnight Mail MC 214, 12100 Park 35 Circle, Building A, Third Floor Austin, Texas 78753	Original Money Order or Check Copy of Form PI-7 and Core Data Form
Appropriate TCEQ Regional Office	To find your Regional Office address, go to the TCEQ Web site at www.tceq.state.tx.us , or call (512) 239-1250.	Copy of Form PI-7, Core Data Form, and all attachments.
Appropriate Local Air Pollution Control Program(s)	To Find your local or Regional Air Pollution Control Programs go to the TCEQ, APD Website at www.tceq.state.tx.us/nav/permits/air_permits.htm or call (512) 239-1250	Copy of Form PI-7, Core Data Form, and all attachments.

**TEXAS NATURAL RESOURCE CONSERVATION COMMISSION
AIR PERMITS DIVISION**

TITLE 30 TAC § 106.4 "QUICK-CHECK" APPLICABILITY CHECKLIST

Company Name: CES Environmental Services Inc.
Checklist completed by: The WCM Group, Inc. Date: 10/04/2007
Facility Type: Tranksport Vessel Cleaning & Waste Processing
Permit(s) by rule claimed: 30 TAC Chapter §106:261, 262
Project Description (including equipment, materials, and brief process description): Methylene Chloride Handling

List the maximum annual emission rates, in **TONS PER YEAR (TPY)**, for this project:

CO 0.00	NO _x 0.00	VOC 0.28
PM 0.00	SO ₂ 0.00	Other 0.00

The following questions require a "Yes" or "No" answer to be indicated for this permit by rule claim:

A. Title 30 TAC § 106.4(a)(5): Current Permit by Rule Requirements

Yes ☒ No ☐ Have you checked to determine if this exempt project is being claimed under the current version of 30 TAC 106?
If "Yes", continue to next question
If "No", please contact the TNRCC Air Permits Division for a copy of the current permit by rule to be claimed.

B. Title 30 TAC § 106.4(a)(7): Permit by rule prohibition check

Yes ☐ No ☒ Are there any air permits under the same account containing permit conditions which prohibit or restrict the use of permits by rule?
If "No", continue to next question
If "Yes", permits by rule may not be used or their use must meet the restrictions of the permit.
A new permit or permit amendment may be required.
List permit number(s): _____

C. Title 30 TAC § 106.4(b): Circumvention check

Title 30 TAC § 106.4(b) states "No person shall circumvent by artificial limitations the requirements of §116.110 of this title (covering permitting)." Circumvention by artificial limitations may include but is not limited to:

A. *dividing a complete project into separate segments to circumvent §106.4(a)(1) limits;*

- B. *claiming feed or production rates below the physical capacity of the project's equipment in order to begin constructing facilities before a permit or permit amendment is approved for full scale operations, particularly when the unit will not be economically viable at less than permitted capacity;*
- C. *claiming a limited chemical list in order to begin constructing facilities before a permit or permit amendment is approved for additional chemicals, particularly when the unit will not be economically viable until the additional chemicals are authorized.*

Yes ☐ No ☒ Does your project meet any of the criteria listed above?

If "No", continue to next rule question

If "Yes", a permit by rule may not be claimed

D. Title 30 TAC § 106.4(c) and (d): Compliance with all Rules

Yes ☒ No ☐ Will the facility comply with all rules and regulations of the TNRCC, the intent of the Texas Clean Air Act, and any local permitting or registration requirements?

If "Yes", continue to next rule question

If "No", a permit by rule may not be claimed.

E. Title 30 TAC § 106.4(a)(1): Emission limits check

Yes ☒ No ☐ The maximum emissions from all facilities at the site, including this permit by rule claim, are less than 25 tpy of any contaminant.

If the answer to this questions is "Yes", no further review is needed to complete this checklist.

Forward all information needed to verify your permit by rule claim to the TNRCC.

If "No", this checklist cannot be used. Please complete the standard 30 TAC § 106.4 Applicability Checklist



Title 30 Texas Administrative Code § 106.261
Permit By Rule (PBR) Checklist
Facilities (Emission Limitations)

Electronic Submittal - Only enter the PI-7 confirmation number here
Hard-Copy Submittal - Print and complete the following checklist.

if submitting electronically.

The following checklist is designed to help you confirm that you meet Title 30 Texas Administrative Code § 106.261 (30 TAC § 106.261) requirements. If you do not meet all the requirements, you may alter the project design or operation in such a way that all the requirements of the PBR are met or you may obtain a construction permit. The PBR forms, tables, checklists and guidance documents are available from the Texas Commission on Environmental Quality (TCEQ), Air Permits Division Web site at, www.tceq.state.tx.us/nav/permits/air_permits.html.

CHECK THE MOST APPROPRIATE ANSWER			
Is a description or checklist of how this claim meets the general requirements for the use of PBRs in 30 TAC § 106.4 attached?			X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
b1 Is this claim for construction of a facility authorized in another section of this chapter or for which a standard permit is in effect? <i>If "YES," this PBR cannot be used to authorize emissions from the project</i>			<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A
b2 Is this claim for any change to any facility authorized under another section of this chapter or authorized under a standard permit? <i>If "YES," this PBR cannot be used to authorize emissions from the project</i>			<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A
a1 Are facilities or changes located at least 100 feet from any recreational area or residence or other structure not occupied or used solely by the owner or operator of the facilities or the owner of the property upon which the facilities are located?			X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
a2 Are total new or increased emissions, including fugitives, less than or equal to 6.0 pounds per hour (lb/hr) and ten tons per year of the following materials (check all that apply):			X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<input type="checkbox"/> acetylene <input type="checkbox"/> argon <input type="checkbox"/> butane <input type="checkbox"/> crude oil <input type="checkbox"/> carbon monoxide <input type="checkbox"/> cyclohexane <input type="checkbox"/> cyclohexene <input type="checkbox"/> cyclopentan <input type="checkbox"/> ethyl acetate <input type="checkbox"/> ethanol <input type="checkbox"/> ethyl ether <input type="checkbox"/> ethylene	<input type="checkbox"/> helium <input type="checkbox"/> isohexane <input type="checkbox"/> isopropyl alcohol <input type="checkbox"/> methyl acetylene <input type="checkbox"/> methyl chloroform <input type="checkbox"/> methyl cyclohexane <input type="checkbox"/> neon <input type="checkbox"/> nonan <input type="checkbox"/> oxides of nitrogen <input type="checkbox"/> propane <input type="checkbox"/> propyl alcohol <input type="checkbox"/> propylene	<input type="checkbox"/> propyl ether <input type="checkbox"/> sulfur dioxide <input type="checkbox"/> alumina <input type="checkbox"/> calcium carbonate <input type="checkbox"/> calcium silicate <input type="checkbox"/> cellulose fiber <input type="checkbox"/> cement dust <input type="checkbox"/> emery dust <input type="checkbox"/> glycerin mist <input type="checkbox"/> gypsum <input type="checkbox"/> iron oxide dust <input type="checkbox"/> kaolin	<input type="checkbox"/> limestone <input type="checkbox"/> magnesite <input type="checkbox"/> marble <input type="checkbox"/> pentaerythritol <input type="checkbox"/> plaster of paris <input type="checkbox"/> silicon <input type="checkbox"/> silicon carbide <input type="checkbox"/> starch <input type="checkbox"/> sucrose <input type="checkbox"/> zinc stearate <input type="checkbox"/> zinc oxide
X refinery petroleum fractions (except for pyrolysis naphthas and pyrolysis gasoline) containing less than ten volume percent benzene <input type="checkbox"/> fluorocarbons Numbers 11, 12, 13, 14, 21, 22, 23, 113, 114, 115, and 116			
a3 Are total new or increased emissions, including fugitives, less than or equal to 1.0 lb/hr of any chemical having a limit value (L) greater than 200 milligrams per cubic meter (mg/m ³) as listed and referenced in Table 262 of 30 TAC § 106.262 of this title (relating to Facilities (Emission and Distance Limitations)? List chemical: _____ L value: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO X N/A
Are total new or increased emissions, including fugitives, less than or equal to 1.0 lb/hr of any chemical not listed or referenced in Table 262? List chemical: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO X N/A

Are total new or increased emissions, including fugitives, of a chemical with a limit value of less than 200 mg/m ³ ? If "Yes" the authorization of the chemical is not allowed under this section. We suggest you use 30 TAC §106.262 to authorize the emissions, if applicable.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
a4 Are there any changes to or additions of any existing air pollution abatement equipment?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
a5 Will there be any visible emissions, except uncombined water, emitted to the atmosphere from any point or fugitive source in amounts greater than 5.0% opacity in any six-minute period?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
a6 Are emission increases five tons per year or greater? If "YES," this checklist must be attached to a Form PI-7 within ten days following the installation or modification of the facilities. The notification shall include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
<p>a7 Are emission increases less than five tons per year? If "YES," this checklist must be attached to a Form PI-7 and include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any. (pick one):</p> <p><input checked="" type="checkbox"/> Within ten days following the installation or modification of the facilities. The notification shall include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any; or</p> <p><input type="checkbox"/> By March 31 of the following year summarizing all uses of this permit by rule in the previous calendar year.</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A



**Title 30 Texas Administrative Code § 106.262
Permit by Rule (PBR) Checklist
Facilities (Emission and Distance Limitations)**

Electronic Submittal - Only enter the PI-7 confirmation number here if submitting electronically.

Hard-Copy Submittal - Print and complete the following checklist.

The following checklist is designed to help you confirm that you meet Title 30 Texas Administrative Code § 106.262 (30 TAC § 106.262) requirements. If you do not meet all the requirements, you may alter the project design or operation in such a way that all the requirements of the PBR are met or you may obtain a construction permit. The PBR forms, tables, checklists and guidance documents are available from the Texas Commission on Environmental Quality (TCEQ), Air Permits Division Web site at, www.tceq.state.tx.us/nav/permits/air_permits.html.

CHECK THE MOST APPROPRIATE ANSWER			
Is a description or checklist of how this claim meets the general requirements for the use of PBRs in 30 TAC § 106.4 attached?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
b1.	Is this claim for construction of a facility authorized in another section of this chapter or for which a standard permit is in effect? <i>If "YES," this PBR cannot be used to authorize emissions from the project.</i>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
b2.	Is this claim for any change to any facility authorized under another section of this chapter or authorized under a standard perm? <i>If "YES," this PBR cannot be used to authorize emissions from the project.</i>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
c.	Is the facility authorized under another section of this chapter or under a standard permit? <i>If "YES," subsection (a)(2) and (3) of this section may be used to qualify the use of other chemicals at the facility.</i>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
a1.	Are facilities or changes located at least 100 feet from any recreational area or residence or other structure not occupied or used solely by the owner or operator of the facilities or the owner of the property upon which the facilities are located?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
a2.	Are new or increased emissions, including fugitives, emitted in a quantity less than five tons per year or in a quantity less than E as determined by using the equation $E=L/K$? See Table 262 Figures 1 and 2. <i>If "YES," the notification shall include a description of the project, calculations for all emissions being claimed under this PBR:</i>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
Chemical: <u>Methylene Chloride</u> L value: <u>174 26</u> D: <u>200</u> K: <u>200</u>			
a3.	Is this checklist attached to a Form PI-7 within ten days following the installation or modification of the facilities? <i>If "YES," the notification shall include a description of the project, calculations, and data identifying specific chemical names, L values, and a description of pollution control equipment, if any..</i>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
a4.	Are one or more of the following chemicals is handled for this registration? (Check all that apply) <i>If "YES," answer the following four questions.</i>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
<input type="checkbox"/> acrolein <input type="checkbox"/> allyl chloride <input type="checkbox"/> ammonia (anhydrous) <input type="checkbox"/> arsine <input type="checkbox"/> boron trifluoride <input type="checkbox"/> bromine <input type="checkbox"/> carbon disulfide <input type="checkbox"/> chlorine <input type="checkbox"/> chlorine dioxide <input type="checkbox"/> chlorine trifluoride <input type="checkbox"/> chloroacetaldehyde <input type="checkbox"/> chloropicrin <input type="checkbox"/> chloroprene	<input type="checkbox"/> diazomethane <input type="checkbox"/> diborane <input type="checkbox"/> diglycidyl ether <input type="checkbox"/> dimethylhydrazine <input type="checkbox"/> ethyleneimine <input type="checkbox"/> ethyl mercaptan <input type="checkbox"/> fluorine <input type="checkbox"/> formaldehyde (anhydrous) <input type="checkbox"/> hydrogen bromide <input type="checkbox"/> hydrogen chloride <input type="checkbox"/> hydrogen cyanide <input type="checkbox"/> hydrogen fluoride <input type="checkbox"/> hydrogen selenide	<input type="checkbox"/> hydrogen sulfide <input type="checkbox"/> ketene <input type="checkbox"/> methylamine <input type="checkbox"/> methyl bromide <input type="checkbox"/> methyl hydrazine <input type="checkbox"/> methyl isocyanate <input type="checkbox"/> methyl mercaptan <input type="checkbox"/> nickel carbonyl <input type="checkbox"/> nitric acid <input type="checkbox"/> nitric oxide <input type="checkbox"/> nitrogen dioxide <input type="checkbox"/> oxygen difluoride	<input type="checkbox"/> ozone <input type="checkbox"/> pentaborane <input type="checkbox"/> perchloromethyl mercaptan <input type="checkbox"/> perchloryl fluoride <input type="checkbox"/> phosgene <input type="checkbox"/> phosphine <input type="checkbox"/> phosphorus trichloride <input type="checkbox"/> selenium <input type="checkbox"/> hexafluoride stibine <input type="checkbox"/> liquefied sulfur dioxide <input type="checkbox"/> sulfur pentafluorid <input type="checkbox"/> tellurium hexafluoride



Title 30 Texas Administrative Code § 106.262
Permit by Rule (PBR) Checklist
Facilities (Emission and Distance Limitations)

Are all facilities are located at least 300 feet from the nearest property line and 600 feet from any off-plant receptor?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Are the cumulative amount of any of the following chemicals resulting from one or more authorizations under this section (but not including permit authorizations) less than or equal to 500 pounds on the plant property?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Are all listed chemicals handled only in unheated containers operated in compliance with the United States Department of Transportation regulation (49 Code of Federal Regulation, Parts 171-178)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Are any changes to or additions of any existing air pollution abatement equipment?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
a5. Are there any changes to or additions of any existing air pollution abatement equipment?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
a6. Will there be any visible emissions, except uncombined water, emitted to the atmosphere from any point or fugitive source in amounts greater than 5.0% opacity in any six-minute period?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

D, Feet	K	
100	326	E=maximum allowable hourly emission, and never to exceed 6 pounds per hour.
200	200	
300	139	
400	104	
600	65	
700	54	
800	46	K=value from the table on this page. (interpolate intermediate values)
900	39	
1,000	34	
2,000	14	D=distance to the nearest off-plant receptor
3,000 or more	8	

TABLE 262
LIMIT VALUES (L) FOR USE WITH EXEMPTIONS FROM PERMITTING § 106.262

The values are not to be interpreted as acceptable health effects values relative to the issuance of any permits under Chapter 116 of this title (relating to Control of Air Pollution by Permits for new Construction or Modification).

<u>Compound</u>	<u>Limit (L) Milligrams Per Cubic Meter</u>
Acetone	590.
Acetaldehyde	9.
Acetone	4.
Acetonitrile	34.
Acetylene	2662.
N-Amyl Acetate	2.7
Sec-Amyl Acetate	1.1
Benzene	3.
Beryllium and Compounds	0.0005
Boron Trifluoride, as HF	0.5
Butyl Alcohol,	76.
Butyl Acrylate	19.
Butyl Chromate	0.01
Butyl Glycidyl Ether	30.
Butyl Mercaptain	0.3
Butyraldehyde	1.4
Butyric Acid	1.8
Butyronitrile	22.
Carbon Tetrachloride	12.
Chloroform	10.
Chlorophenol	0.2
Chloroprene	3.6
Chromic Acid	0.01
Chromium Metal, Chromium II and III Compounds	0.1
Chromium VI Compounds	0.01
Coal Tar Pitch Volatiles	0.1
Creosote	0.1
Cresol	0.5
Cumene	50.
Dicyclopentadiene	3.1
Diethylaminoethanol	5.5
Diisobutyl Ketone	63.9
Dimethyl Aniline	6.4
Dioxane	3.6

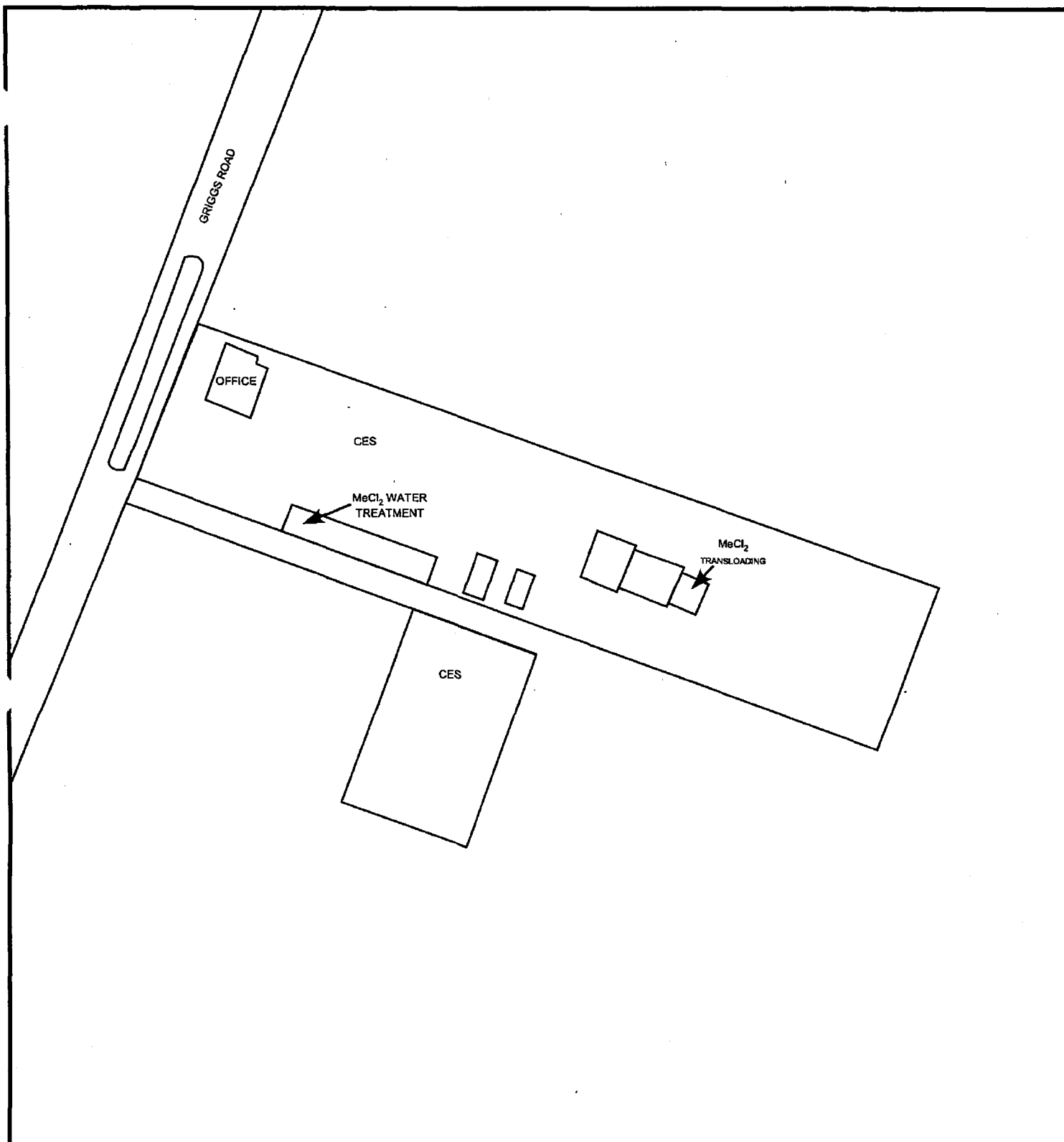
<u>Compound</u>	<u>Limit (L) Milligrams Per Cubic Meter</u>
Dipropylamine	8.4
Ethyl Acrylate	0.5
Ethylene Dibromide	0.38
Ethylene Glycol	26.
Ethylene Glycol Dinitrate	0.1
Ethylidene 2-norbornene, 5-	7.
Ethyl Mercaptan	0.08
Ethyl Sulfide	1.6
Glycolonitrile	5.
Halothane	16.
Heptane	350.
Hexanediamine, 1, 6-	0.32
Hydrogen Chloride	1.
Hydrogen Fluoride	0.5
Hydrogen Sulfide	1.1
Isoamyl Acetate	133.
Isoamyl Alcohol	15.
Isobutyronitrile	22.
Kepone	0.001
Kerosene	100.
Malononitrile	8.
Mesityl Oxide	40.
Methyl Acrylate	5.8
Methyl Amyl Ketone	9.4
Methyl-T-Butyl Ether	45.
Methyl Butyl Ketone	4.
Methyl Disulfide	2.2
Methylenebis (2-chloroaniline) (MOCA)	0.003
Methylene Chloride	26.
Methyl Isoamyl Ketone	5.6
Methyl Mercaptan	0.2
Merthyl Methacrylate	34.
Methyl Propyl Ketone	530.
Methyl Sulfide	0.3
Mineral Spirits	350.
Naphtha	350.
Nickel, Inorganic Compounds	0.015
Nitroglycerine	0.1

<u>Compound</u>	<u>Limit (L) Milligrams Per Cubic Meter</u>
Nitropropane	5.
Octane	350.
Parathion	0.05
Pentane	350.
Perchloroethylene	33.5
Petroleum Ether	350.
Phenyl Mercaptan	0.4
Propionitrile	14.
Propyl Acetate	62.6
Propylene Oxide	20.
Propyl Mercaptan	0.23
Silica-amorphous-precipitated, silica gel	4.
Silicon Carbide	4.
Stoddard Solvent	350.
Styrene	21.
Succinonitrile	20.
Tolidin	0.02
Trichloroethylene	135.
Trinethylamine	0.1
Valeric Acid	0.34
Vinyl Acetate	15.
Vinyl Chloride	2.

NOTE: The time weighted average (TWA) threshold Limit Value (TLV) published by the American Conference of Governmental Industrial Hygienists (ACGIH), in its TLVs and BEIs guide (1997 Edition) shall be used for compounds not included in the table. The Short Term Exposure Level (STEL) or Ceiling Limit (annotated with a "C") published by the ACGIH shall be used for compounds that do not have a published TWA TLV. This section cannot be used if the compound is not listed in the table or does not have a published TWA TLV, STEL, or Ceiling Limit in the ACGIH TLVs and BEIs guide.

SITE MAP

PLOT PLAN



The WCM Group, Inc.
P. O. Box 3247
Humble, TX 77347-3247
(281) 446-7070 Fax (281) 446-3348

SITE DIAGRAM
CES ENVIRONMENTAL SERVICES, INC.
4904 GRIGGS ROAD
HOUSTON, HARRIS COUNTY, TEXAS

DRAWN BY: **LLS**
DATE: **10/19/2007**
REV. DATE:

Approx Scale in Feet
0 70 140 210

DRAWING ID: **H:\client\CES\Houston Site.cvx**

FIGURE

2



EPAHO043000601

AERIAL PHOTOGRAPH



EPAHO043000603

PROCESS FLOW DIAGRAM

OIL IMPROVEMENT
PROCESS

Port Arthur CES Authorizations

January 2009 status

Unit/Process	PBR Rules	Registration No.	Date issued	Emissions	Equipment
Naphthenic acid production	106.261, 106.472	86958			
Sodium hydrosulfide production	261, 262, 472, 475, 492	86173	10/23/2008	VOC 0.03 TPY NOx 3.33 TPY	scrubber, flare, 4 storage, 2 process tanks.
Sodium hydrosulfide production		NSR permit	submitted, needs revision for second train.		

**Houston Facility
Operational Review**

TANK CONTAINER
CLEANING FACILITY



The WCM Group, Inc.

January 2, 2008

Mr. David Howell
Permits Administrative Review (PAR) Section (MC 166)
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
12100 Park 35 Circle, Building F, First Floor, Room 1206
Austin, Texas 78753

LONE STAR
AIRBILL NUMBER
P2487110

Reference: CES Environmental Services, Inc.
4904 Griggs Road
Houston, Harris County, Texas
Registration of Permits-By-Rule §106.261, §106.262, and §106.472
CN600618946; RN100693282

Dear Mr. Howell:

On behalf of CES Environmental Services, Inc. (CES), please find enclosed documentation authorizing the operation of an Oil Improvement Process at the referenced site. The process qualifies for authorization under Permits-By-Rule (PBRs) §106.261, §106.262, and §106.472.

If you have questions regarding this registration, or require further information, please do not hesitate to contact Mr. Mat Bowman of CES at (713) 676-1460, or me directly at (281) 446-7070.

Sincerely,

Michael J. Chastant for Philip Evans

Philip B. Evans
Director, Technical Services

PBE/tv
26661:5330008.lts.doc

Enclosure

cc: M. Bowman
L. Vasse
B. Allen



The WCM Group, Inc.

January 2, 2008

Mr. John Racanelli
Revenue Section (MC-214)
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
12100 Park 35 Circle, Building F, Room 1206
Austin, Texas 78753

LONE STAR
AIRBILL NUMBER
P2487111

Reference: CES Environmental Services, Inc.
4904 Griggs Road
Houston, Harris County, Texas
Registration of Permits-By-Rule §106.261, §106.262, and §106.472
CN600618946; RN100693282

Dear Mr. Racanelli:

On behalf of CES Environmental Services, Inc. (CES), please find enclosed a check in the amount of \$100 to cover the fee for the above referenced Permit-By-Rule (PBR) registration. A copy of the PI-7-CERT Form is also enclosed.

If you have questions regarding this registration, or require further information, please do not hesitate to contact Mr. Mat Bowman of CES at (713) 676-1460, or me directly at (281) 446-7070.

Sincerely,

Michael J. Chastant for Philip Evans

Philip B. Evans
Director, Technical Services

PBE/tv
26661:5330008.lts.doc

Enclosures

cc: M. Bowman
L. Vasse
B. Allen

**THE WCM GROUP INC.
PETTY CASH ACCOUNT**

P.O. BOX 3247
HUMBLE, TX 77347-3247



1364

DATE 1-02-08

32-75/1110
787

PAY ONE HUNDRED DOLLARS AND NO/100

DOLLARS \$ 100.00

TO
THE
ORDER
OF

TCEQ
REVENUE STATION (MC214)
12100 PARK 35 CIRCLE, BLDG F
AUSTIN, TEXAS 78753

TWO SIGNATURES REQUIRED
NO CHECKS ALLOWED OVER \$5,000.00

Lusan G. Lowe
[Signature]

⑈001364⑈

(b) (6)

THE WCM GROUP INC.
PETTY CASH ACCOUNT
HUMBLE, TX 77347-3247

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW
IF NOT CORRECT, PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED

DATE	DESCRIPTION	AMOUNT
1/02/08	TCEQ OIL IMPROVEMENT AREA, PBR REGISTRATION FEE CES-HOU-PBR	\$ 100.00

A2

EPAHO043000611

**PERMIT-BY-RULE AUTHORIZATION FOR
OIL IMPROVEMENT PROCESS**

**Prepared for
CES ENVIRONMENTAL SERVICES, INC.
Houston, Harris County, Texas**

**Prepared by
THE WCM GROUP, INC.
Humble, Texas**

January 2008

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2.0 EMISSIONS SUMMARY	3

ATTACHMENTS

- A - EMISSION CALCULATIONS
- B - PBR AUTHORIZATIONS BY EQUIPMENT

FORMS

TCEQ PI-7CERT FORM

TCEQ §106.4 CHECKLIST

TCEQ §106.261 CHECKLIST

TCEQ §106.262 CHECKLIST

TCEQ §106.472 CHECKLIST

FIGURES

- 1 - SITE LOCATION MAP
- 2 - FACILITY PLOT PLAN
- 3 - AERIAL PHOTOGRAPH
- 4 - PROCESS FLOW DIAGRAM

INTRODUCTION

CES Environmental Services, Inc. (CES) operates a tank container cleaning and waste handling facility at 4904 Griggs Road in Houston, Harris County, Texas (CN600618946, RN100693282) under Texas Commission on Environmental Quality (TCEQ) Permit Exemption No. 15980 and a series of Permits-By-Rule (PBRs).

CES is submitting the enclosed documentation to demonstrate PBR authorization for an Oil Quality Improvement operation at the site. Specifically, the process treats oil and mixed molecular weight petroleum hydrocarbons received from off-site to remove water and other impurities. Details on these operations can be found in the Process Description section of this application and in the attached calculations. The equipment and processes covered by this PBR are authorized under 30 TAC 106.261, 106.262, and 106.472. Attachment B includes a table summarizing each piece of equipment and the relevant PBR authorization.

CES is located in the Houston/Galveston ozone nonattainment area and is classified as a minor source for Volatile Organic Compound (VOC) emissions. The emissions increase associated with this project is approximately 1.46 tons per year (tpy) of VOC. As a result, the project is not major by itself and does not result in reclassification of the site as a major source.

A PI-7-CERT Form, as well as TCEQ §106.4, §106.261, §106.262, and §106.472 Checklists, are provided in the Forms section of this report. Emission calculations are provided in Attachment A. A Site Location Map, Facility Plot Plan, Aerial Photograph, and Process Flow Diagram are included in the Figures section.

1.0 PROCESS DESCRIPTION

Materials for processing received from off-site are stored and processed in a series of tanks near the south end of the CES property. The materials received fall into three general categories: mixed molecular weight petroleum hydrocarbons, oily water, or base oil and water. Upon entering the site, oily water is typically stored in Tank OT-7 or OT-8, but may be stored in any of the tanks associated with the oil process. Similarly, base oil and water (also referred to as wet base oil) is typically stored in Tanks OT-1 or OT-2, but may be stored in any of the oil processing tanks. Mixed molecular weight petroleum hydrocarbons are stored and processed in Tank OT-9.

Mixed molecular weight petroleum hydrocarbons enter the facility mixed with water. The light organics are gravity phase separated from the water in Tank OT-9. The mixed molecular weight petroleum hydrocarbons are then transferred to bullet truck trailers designed for LPG service and shipped off-site as CES Fuel.

The two remaining material types (oily water and wet base oil) undergo similar four step processes to recover usable oil materials.

The first processing step for both material types is removal of water through gravity phase separation while in storage. This process generally occurs in the tank in which the oil was originally stored, but any of the oil processing tanks may be utilized as needed.

The second processing phase consists of heating to further facilitate phase separation. An emulsion breaker is added to improve the separation of oil and water. Sulfuric acid may also be used for pH adjustment. Oily water is normally treated in Tank OT-3 while wet base oil is normally treated in tank OT-4, although these rolls can be reversed if required. This operation qualifies for PBR 106.472 because there is no actual reaction taking place in the tanks.

The third phase of processing differs for the two material types. The oily water is sent to Tank OT-5 and then to a centrifuge to remove the remaining water. The oil from the centrifuge is then sent to Tank FO-1. The wet base oil is sent to Tank OT-10 and is then fed to a vacuum distillation system where the remaining water is removed. Emissions from the centrifuge and distillation systems are vented through a scrubber for odor control. No credit for emission reduction is being taken in this PBR for the scrubber.

The fourth step in the process is the transfer of the finished oil to holding tanks. These may be any of the tanks associated with the oil quality improvement process. From these tanks, the oil may be returned to Step 3 for further processing or be loaded into transport vessels for removal from the site.

All water removed from the Oil Quality Improvement Process is stored in Tank WT-1 and then sent to the existing on-site wastewater treatment facility.

2.0 EMISSIONS SUMMARY

Emissions from the Oil Quality Improvement operation are calculated based on several process steps. The oil and mixed molecular weight petroleum hydrocarbons entering the facility can contain significant quantities of water. The emissions are conservatively calculated assuming only the organic components.

Emissions from the tanks are calculated using methods specified in AP-42. Because of the variable composition of the mixed molecular weight petroleum hydrocarbons, the emission calculations of that material are estimated using the average molecular weight and constituent vapor pressure.

The Material Data Safety Sheet (MSDS) for the oil specifies that it has a vapor pressure < 0.1 mmHg (<0.002 psia). Because the oil handling tanks are heated to approximately 200°F, the higher vapor pressure of 0.1 psia is used. Tank OT-9 is not heated. The temperature of Tank OT-9, the Sulfuric Acid Tank, and the Emulsion Breaker Tank are calculated in accordance with AP-42. Due to the very small quantity of VOC present in the recovered water, it is assumed that there are no VOC emissions from Tank WT-1. Due to the variable composition of the mixed molecular weight petroleum hydrocarbons, the speciation of emissions from Tank OT-9 is calculated using the maximum content of each component, generally 30 percent, with the balance of the composition being water.

Loading and unloading of mixed molecular weight petroleum hydrocarbons between the process and truck tanks and other transport vessels is vapor balanced back to the storage tank. As a result, there are no emissions from loading activities except from the disconnecting of loading lines. Emissions from the loading of oil into transport vessels are calculated in accordance with AP-42. Emissions from disconnecting of hoses are calculated assuming the vapor volume inside the hose is saturated with the last material to pass through the hose. It also assumes that all of the residual liquid in the line, which is calculated with the clingage factor from AP-42 Chapter 7, evaporates.

Fugitive emissions from potential leaks at valves, pumps, and connections associated with this project are calculated using the methods and emission factors specified in the TCEQ document "Air Permit Technical Guidance for Chemical Sources: Equipment Leak Fugitives". A thirty percent reduction credit is taken for operations personnel monitoring for leaks that can be detected with visible, audible, or olfactory means.

The total project increase is, therefore, 1.46 tpy, well below the level requiring nonattainment or PSD review.

ATTACHMENT A
EMISSION CALCULATIONS

Emission Summary

Evaluation:		Piping Components (Fugitive)		Distillation		Centrifuge		Storage		Loading		Total		TLV or L-Value	Applicable PBR	PBR LIMITS		PBR COMPLIANCE ?	
Component	CAS	Emissions (lb/hr)	Emissions (TPY)	Emissions (lb/hr)	Emissions (TPY)	Emissions (lb/hr)	Emissions (TPY)	Emissions (lb/hr)	Emissions (TPY)	Emissions (lb/hr)	Emissions (TPY)	Emissions (lb/hr) ^{1,2}	Emissions (TPY)			Hourly (lb/hr)	Annual (TPY)	Hourly (lb/hr)	Annual (TPY)
Xylene	106-42-3	0.0046	0.0202	-	-	-	-	0.3087	0.0565	0.0052	0.0010	0.3185	0.0777	434	106.261	1	4.38	Yes	Yes
Heptane	142-82-5	0.0046	0.0202	-	-	-	-	0.6615	0.1207	0.0052	0.0010	0.6713	0.1419	350	106.261	1	4.38	Yes	Yes
Hexane	110-54-3	0.0046	0.0202	-	-	-	-	1.0832	0.1977	0.0052	0.0010	1.0930	0.2189	1760	106.262	6.00	10.00	Yes	Yes
Ethyl Benzene	100-41-4	0.0046	0.0202	-	-	-	-	0.2113	0.0386	0.0052	0.0010	0.2210	0.0598	434	106.261	1	4.38	Yes	Yes
Toluene	108-88-3	0.0046	0.0202	-	-	-	-	0.4932	0.0900	0.0052	0.0010	0.5029	0.1112	188	106.262	1.25	5.49	Yes	Yes
Methanol	67-56-1	0.0046	0.0202	-	-	-	-	1.0240	0.1869	0.0052	0.0010	1.0337	0.2081	262	106.262	1.75	7.65	Yes	Yes
Butanol	71-363	0.0046	0.0202	-	-	-	-	0.1447	0.0264	0.0052	0.0010	0.1545	0.0476	76	106.262	0.51	2.22	Yes	Yes
Propanol	71-23-8	0.0046	0.0202	-	-	-	-	0.3969	0.0724	0.0052	0.0010	0.4067	0.0936	492	106.261	1	4.38	Yes	Yes
Ethanol	64-17-5	0.0046	0.0202	-	-	-	-	0.7598	0.1387	0.0052	0.0010	0.7696	0.1599	1880	106.261	6	10.00	Yes	Yes
Dimethyl Disulfide	624-92-0	0.0046	0.0202	-	-	-	-	0.4955	0.0904	0.0052	0.0010	0.5052	0.1116	N/A	106.261	1	4.38	Yes	Yes
Diethyl Disulfide	110-81-6	0.0046	0.0202	-	-	-	-	0.1014	0.0185	0.0052	0.0010	0.1112	0.0397	N/A	106.261	1	4.38	Yes	Yes
Gasoline	86290-81-5	0.0046	0.0202	-	-	-	-	1.2914	0.2357	0.0052	0.0010	1.3012	0.2569	890	106.262	5.93	10.00	Yes	Yes
Acetic Acid	64-19-7	0.0023	0.0101	-	-	-	-	0.1465	0.0267	0.0026	0.0005	0.1514	0.0373	25	106.262	0.17	0.73	Yes	Yes
Isopropyl Ether	108-20-3	0.0046	0.0202	-	-	-	-	1.0729	0.1958	0.0052	0.0010	1.0827	0.2170	1040	106.262	6.00	10.00	Yes	Yes
Propionic Acid	64-19-7	0.0046	0.0202	-	-	-	-	0.0843	0.0154	0.0052	0.0010	0.0940	0.0366	30	106.262	0.20	0.88	Yes	Yes
Naphthalene	91-20-3	0.0046	0.0202	-	-	-	-	0.0049	0.0009	0.0052	0.0010	0.0147	0.0221	52	106.262	0.35	1.52	Yes	Yes
Propylamine	107-10-8	0.0020	0.0087	-	-	-	-	0.9725	0.1775	0.0022	0.0004	0.9767	0.1867	N/A	106.261	1	4.38	Yes	Yes
Kerosene	8008-20-6	0.0046	0.0202	-	-	-	-	0.0187	0.0034	0.0052	0.0010	0.0285	0.0246	100	106.262	0.67	2.92	Yes	Yes
Diesel	68334-30-5	0.0046	0.0202	-	-	-	-	0.0145	0.0026	0.0052	0.0010	0.0243	0.0239	N/A	106.261	1	4.38	Yes	Yes
Ethylene Glycol	107-21-1	0.0046	0.0202	-	-	-	-	0.0033	0.0006	0.0052	0.0010	0.0131	0.0218	26	106.262	0.17	0.76	Yes	Yes
Propylene Glycol	57-55-6	0.0046	0.0202	-	-	-	-	0.0019	0.0004	0.0052	0.0010	0.0117	0.0216	N/A	106.261	1	4.38	Yes	Yes
Naphtha	-	-	-	-	-	-	-	0.0425	0.0078	-	-	0.0425	0.0078	350	106.261	1	4.38	Yes	Yes
Oil	-	0.1460	0.6396	0.0714	0.3128	0.0629	0.0167	0.7977	0.1149	0.0712	0.0159	0.2803	0.9691	N/A	106.261	1	4.38	Yes	Yes
Sulfuric Acid	7664-93-9	-	-	-	-	-	-	3.75E-04	2.02E-06	-	-	0.0004	0.0000	1	106.262	2.95E-03	0.01	Yes	Yes

1) Total Oil emissions shown for 106.261/262 compliance does not include storage or loading emissions, which are authorized under 106.472.

2) Emissions of each light ends constituent are based on the maximum potential of that material in the mixture. The sum of the components will therefore be greater than 100% of the total emissions.

Project Total Emissions:	VOC
lb/hr	2.78
TPY	1.46

Allowable hourly emission rate for PBR 106.262 calculated as follows:

$$E = L / K$$

where

E = Allowable emissions (lb/hr)

L = L-value from 106.262 or 1997 ACGIH Manual

K = Coefficient for distance to nearest receptor

$$\text{Oil Improvement Area Distance To Receptor (D, ft)} > 125 \text{ ft} \\ K = 339$$

$$\text{Light Ends Distance To Receptor (D, ft)} > 150 \text{ ft} \\ K = 277$$

$$\text{If } L / K > 6.0 \text{ lb/hr, then } E = 6.0 \text{ lb/hr}$$

Properties

		Max	Density	MW	Antaine's			Pv @	Pv @	Pv @	Pv @	Pv @	Pv @
Chemical	CAS No.	%	lb/gal	lb/lbmole	A	B	C	537	548	527	555	568	542
Xylene	106-42-3	30	7.2145	106.167	6.9905	1453.43	215.307	0.170619836	0.23607	0.121372	0.295147	0.427426	0.199428
Heptane	142-82-5	30	5.75	100.206	6.8938	1264.37	216.636	0.892396614	1.180043	0.665753	1.430149	1.967116	1.020607
Hexane	110-54-3	30	5.5244	86.17	6.8702	1168.72	224.21	2.947354594	3.758	2.285245	4.442684	5.866076	3.312192
Ethyl Benzene	100-41-4	30	7.2648	106.169	6.9572	1424.255	213.206	0.185290359	0.256125	0.13192	0.319987	0.462773	0.216481
Toluene	108-88-3	30	7.27	92.142	6.9546	1344.8	219.482	0.553856534	0.740465	0.408533	0.904289	1.259888	0.636766
Methanol	67-56-1	30	6.59	32.04	7.898	1474.08	229.13	2.43754719	3.273431	1.790544	4.011192	5.622979	2.808286
Butanol	71-363	30	6.78	74.124	7.4768	1362.39	178.77	0.120674756	0.183927	0.077264	0.24528	0.393892	0.147827
Propanol	71-23-8	30	6.7097	60.1	7.8477	1499.21	204.64	0.406769968	0.586744	0.276753	0.754551	1.144066	0.48511
Ethanol	64-17-5	30	6.62	46.07	8.32	1718.1	237.52	1.161652698	1.603393	0.829575	2.002801	2.899869	1.356003
Dimethyl Disulfide	624-92-0	30	8.9029	94.1894	6.9779	1346.342	218.863	0.557737575	0.746991	0.410608	0.913368	1.275059	0.641783
Diethyl Disulfide	110-81-6	30	8.2954	122.243	6.9751	1485.97	208.958	0.081972338	0.116323	0.056757	0.147948	0.220332	0.09699
Gasoline	86290-81-5	30	6.1	66	6.813	1268.035	273.15	7.052355895	8.484656	5.819444	9.644835	11.9496	7.705982
Acetic Acid	64-19-7	15	8.8	60.053	7.2996	1479.02	216.81	0.297106825	0.411766	0.211	0.515431	0.748002	0.347547
Isopropyl Ether	108-20-3	30	6.032	102.178	7.0971	1257.6	230.01	2.847919527	3.65619	2.192956	4.343427	5.783138	3.210899
Propionic Acid	79-09-4	30	8.3236	74.0792	7.5476	1617.06	205.67	0.067259009	0.099506	0.044563	0.130214	0.203231	0.081194
Naphthalene	91-20-3	30	8.3541	128.18	6.8458	1606.529	187.227	0.003690151	0.005838	0.002274	0.00799	0.013406	0.004602
Propylamine	107-10-8	13	6.0079	59.1108	7.2672	1218.1	229.9	5.989436657	7.630777	4.648974	9.017449	11.90168	6.728091
Kerosene	8008-20-6	30	6.6763	128.3	7.094	2155.31	273.15	0.014278654	0.019551	0.0103	0.02431	0.034991	0.0166
Diesel	68334-30-5	30	7.1	130	7.117	2209.1	275	0.011040899	0.015177	0.007933	0.018924	0.027366	0.01286
Ethylene Glycol	107-21-1	30	9.347	62.0682	8.7945	2615.4	244.91	0.002487365	0.003957	0.001532	0.005454	0.009308	0.003108
Propylene Glycol	57-55-6	30	8.631	76.097	7.4514	1587.4	160	0.001456621	0.002638	0.000774	0.003951	0.007654	0.00194
Naphtha		50	7.78	86.1	7.166	1980.964	273.15	0.064743108	0.086425	0.047954	0.105583	0.147562	0.074358
Sulfuric Acid	7664-93-9		15.27	98.073	10.468	4145.84	273.15	7.16649E-06	1.31E-06	3.82E-06	1.99E-05	4.02E-05	9.58E-06
Water	7732-18-5		8.34	18.0152	6.09	733.91	131.29	0.483679211	0.70911	0.320432	0.917571	1.393503	0.581987

Name	Pa	Pn	Px	Px (hourly)	MW	lb/gal
CES Fuel	1.23	0.95	1.57	2.49	85.99	7.252076

Loading Emissions

TRANSPORT VESSEL LOADING

From AP-42 Chapter 5

LL = 12.46 SPM/T lb/1000 gal

S = Saturation Factor = 0.6

P = Vapor Pressure = 0.01 psia

M = Molecular Weight = 150 lb/lbmole

T = Temperature = 660 R

LL = 0.0170 lb/1000 gal

Maximum Load Rate 3000.0000 gal/hr

Annual Throughput 1272000.0000 gal/yr

Oil Loading Emissions = 0.0510 lb/hr 0.0108 tpy

Loading and unloading of light ends is vapor balanced and therefore does not generate emissions.

Before being disconnected the loading hose is blown into the truck/railcar with nitrogen, leaving only residual liquid clingage on the walls of the hose. It is conservatively assumed that all of the residual material in the line evaporates.

TRANSFER LINE DISCONNECTING - VOC

EPN - OL-1

Product	Clingage Factor (bbt/1000 ft2)	Product Volume (gal)	Density (lb/gal)	Clingage Mass in Line (lb)	Vapor Pressure (psia)	MW (lb/lbmole)	Vapor Mass in Line (lb)	VOC Emissions (lb/hr)	Loads (year)	VOC Emissions (TPY)
Oil	0.0015	0.00237	8.5	0.0202	0.01	150	2.18E-07	0.0202	500	0.0050
CES Fuel	0.0015	0.00237	7.25	0.0172	1.23	86.99	2.68E-05	0.0172	400	0.0034
Max. VOC								0.0202		0.0050

Notes:

1. Volume Product = Line Surface Area (3.14 x D x L) x Clingage Factor x 42 gal/bbl / 1000
2. Clingage Factor from AP-42 Chapter 7.
3. Mass in Line = (Product Volume x Density)

Line Dimensions:

L = 6 ft
D = 2 in
Line Volume (V) = 0.13 cu ft
Line Area (A) = 37.68 sq ft
Where $V = \pi \cdot r^2 \cdot L$

Speciation:

Product	Liquid wt frac	Emissions (lb/hr)	Emissions (TPY)
Xylene	0.3000	0.0052	0.001
Heptane	0.3000	0.0052	0.001
Hexane	0.3000	0.0052	0.001
Ethyl Benzene	0.3000	0.0052	0.001
Toluene	0.3000	0.0052	0.001
Methanol	0.3000	0.0052	0.001
Butanol	0.3000	0.0052	0.001
Propanol	0.3000	0.0052	0.001
Ethanol	0.3000	0.0052	0.001
Dimethyl Disulfide	0.3000	0.0052	0.001
Diethyl Disulfide	0.3000	0.0052	0.001
Gasoline	0.3000	0.0052	0.001
Acetic Acid	0.1500	0.0026	0.001
Isopropyl Ether	0.3000	0.0052	0.001
Propionic Acid	0.3000	0.0052	0.001
Naphthalene	0.3000	0.0052	0.001
Propylamine	0.1300	0.0022	0.000
Kerosene	0.3000	0.0052	0.001
Diesel	0.3000	0.0052	0.001
Ethylene Glycol	0.3000	0.0052	0.001
Propylene Glycol	0.3000	0.0052	0.001

1) Composition is based on worst case weight fraction for each component to allow for variation.

Fugitive Emissions

Basis Information:

COMPONENTS	Gas/Vapor Components	Light Liquid Components	Heavy Liquid Components	Estimated Fugitive Emissions Lights		Estimated Fugitive Emissions Heavies	
	(comp.)	(comp.)	(comp.)	lb/hr	ton/yr	lb/hr	ton/yr
VALVES	0	5	70	0.0005	0.0023	0.0343	0.1502
FLANGES	0	15	210	0.0053	0.0230	0.0103	0.0451
PUMP SEALS	0	1	9	0.0027	0.0118	0.1014	0.4443
OPEN ENDED LINES	0	0	0	0.0000	0.0000	0.0000	0.0000
DRAINS	0	0	0	0.0000	0.0000	0.0000	0.0000
RELIEF VALVES	0	1	0	0.0069	0.0301	0.0000	0.0000
SAMPLE CONNECTIONS*	0	0	0	0.0000	0.0000	0.0000	0.0000
TOTAL	0	22	289	0.0154	0.0673	0.1460	0.6396

Component Emission Factors

Component	Gas/Vapor Factor (lb/hr/comp)	28 M % Reduction (%)	Light Liquid Factor (lb/hr/comp)	28 M % Reduction (%)	Heavy Liquid Factor (lb/hr/comp)	28 M % Reduction (%)
VALVES	0.0089	97.0	0.0035	97.0	0.0007	30.0
FLANGES	0.0029	97.0	0.0005	30.0	0.00007	30.0
PUMP SEALS	0.0386	93.0	0.0386	93.0	0.0161	30.0
OPEN ENDED LINES	0.004	100.0	0.004	75.0	0.004	100.0
DRAINS	0.004	97.0	0.0027	97.0	0.0027	30.0
RELIEF VALVES	0.2293	97.0	0.2293	97.0	0.2293	30.0
SAMPLE CONNECTIONS*	0.0330	97.0	0.0000	97.0	0.0000	30.0

Emission Factors from TCEQ guidance document on equipment leaks.

Includes Flange Monitoring

* Sample connections are capped or blinded.

Fugitive Emissions

Speciation

Name	Max. Liquid wt frac.	Emissions	
		lb/hr	ton/yr
Xylene	0.30	0.0046	0.0202
Heptane	0.30	0.0046	0.0202
Hexane	0.30	0.0046	0.0202
Ethyl Benzene	0.30	0.0046	0.0202
Toluene	0.30	0.0046	0.0202
Methanol	0.30	0.0046	0.0202
Butanol	0.30	0.0046	0.0202
Propanol	0.30	0.0046	0.0202
Ethanol	0.30	0.0046	0.0202
Dimethyl Disulfide	0.30	0.0046	0.0202
Diethyl Disulfide	0.30	0.0046	0.0202
Gasoline	0.30	0.0046	0.0202
Acetic Acid	0.15	0.0023	0.0101
Isopropyl Ether	0.30	0.0046	0.0202
Propionic Acid	0.30	0.0046	0.0202
Naphthalene	0.30	0.0046	0.0202
Propylamine	0.13	0.0020	0.0087
Kerosene	0.30	0.0046	0.0202
Diesel	0.30	0.0046	0.0202
Ethylene Glycol	0.30	0.0046	0.0202
Propylene Glycol	0.30	0.0046	0.0202
Oil	1.00	0.1460	0.6396
		0.0046	0.0202

1) Composition is based on worst case weight fraction for each component to allow for variation.

2) Relief valves on oil tanks are accounted for by setting the tank vent settings to zero in the tank emission calculations.

EPAHQ043000624

12/27/2007

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Tank Emission Calculations

CES Environmental Services
Houston, TX
Estimated Tank Emissions

DATA ENTRY

Tank Identification	OT-1	OT-2	OT-3	OT-4	OT-5	OT-6	OT-7	OT-8	OT-9	OT-10	FO-1	Sulfuric Acid Tank	Emulsion Breaker Tank	Centrifuge
EPN	OT-1	OT-2	OT-3	OT-4	OT-5	OT-6	OT-7	OT-8	OT-9	OT-10	FO-1	Sulfuric Acid	Emulsion Breaker	Centrifuge
Material Stored	Base Oil/Water	Base Oil/Water	Base Oil/Water	Base Oil/Water	Oil/Water	Base Oil/Water	Oil/Water	Oil/Water	CES Fuel/Water	Oil/Water	Oil/Water	Sulfuric Acid	Emulsion Breaker	Oil/Water
Tank Capacity	Vol., gallons	16,800	16,800	16,800	16,800	16,800	16,800	16,800	16,800	16,800	16,800	4,000	270	16,800
Throughput	gallons	72,000	72,000	1,200,000	72,000	1,200,000	72,000	1,200,000	1,200,000	800,000	873,000	1,200,000	20,000	1,200,000
Tank Controlled	Yes/No	No	No	No	No	No	No	No	No	No	No	No	No	No
Control Efficiency	a, %	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Shell Height	Hs, ft	20.0	20.0	20.0	20.0	20.0	20.0	20.0	20.0	20.0	20.0	20.0	20.0	20.0
Shell Length	Ls, ft	12.0	12.0	12.0	12.0	12.0	12.0	12.0	12.0	12.0	7.0	8.0	12.0	12.0
Orientation	Vertical=1/Horizontal=2	1	1	1	1	1	1	1	1	1	1	1	1	1
Fill Rate	gallons/hr	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	4,000	250	3,000
Molecular Weight, lb/lb-mole		150.000	150.000	150.000	150.000	150.000	150.000	150.000	150.000	85.985	150.000	150.000	96.073	150.000
Vapor Pressure @ Tm, psia		526.90	0.0100	0.0100	0.0100	0.0100	0.0100	0.0100	0.0100	0.9621	0.0100	0.0100	3.82E-05	0.0008
Vapor Pressure @ Tls, psia		527.23	0.0100	0.0100	0.0100	0.0100	0.0100	0.0100	0.0100	1.2287	0.0100	0.0100	7.17E-06	0.0100
Vapor Pressure @ Tls, psia		567.57	0.0100	0.0100	0.0100	0.0100	0.0100	0.0100	0.0100	1.5720	0.0100	0.0100	1.31E-05	0.0100
Max. Vapor Pressure @ Tls, psia		567.80	0.0100	0.0100	0.0100	0.0100	0.0100	0.0100	0.0100	2.4866	0.0100	0.0100	4.02E-05	0.0100
ESTIMATED EMISSIONS														
Maximum Hourly Losses	Lm, lb/hr	0.107	0.107	0.083	0.107	0.063	0.107	0.063	0.063	1.498	0.080	0.098	0.800	0.154
Standing Losses	Ls, lb/yr	8.32	8.32	8.32	8.32	8.32	8.32	8.32	8.32	646.76	10.32	0.08	0.00	56.72
Working Losses	Lw, lb/yr	2.57	2.57	25.14	2.57	25.14	2.57	25.14	25.14	0.00	23.20	16.20	0.00	0.06
Uncontrolled Total Losses	Lt, lb/yr	10.89	10.89	33.46	10.89	33.46	10.89	33.46	33.46	546.76	33.52	16.88	0.00	56.79
	Lt, ton/yr	0.0054	0.0054	0.0167	0.0054	0.0167	0.0054	0.0167	0.0167	0.2734	0.0168	0.0094	0.0000	0.0284
Controlled Total Losses	Lmc, lb/yr	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Ltc, ton/yr	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

PHYSICAL PARAMETER CALCULATIONS

Diameter, D	Effective diameter, De	12.0	12.0	12.0	12.0	12.0	12.0	12.0	12.0	12.0	13.4	8.0	12.0	12.0
Avg. Liquid Height	Hl, ft	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0
Max. Liquid Height	Hm, ft	19.9	19.9	19.9	19.9	19.9	19.9	19.9	19.9	19.9	20.0	4.7	0.3	19.9
Cone Roof Outage	Hro, ft	0.126	0.126	0.126	0.126	0.126	0.126	0.126	0.126	0.126	0.139	0.063	0.126	0.126
Vapor Space Outage	Hvo, ft	10.126	10.126	10.126	10.126	10.126	10.126	10.126	10.126	10.126	10.139	10.083	10.126	10.126
Vapor space volume	Vv, ft³	1144.53	1144.53	1144.53	1144.53	1144.53	1144.53	1144.53	1144.53	1144.53	1419.48	506.59	1144.53	1144.53
Breather vent pressure setting	Pbp, psig	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Breather vent vacuum setting	Pbv, psig	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-0.03	0.00	-0.03	-0.03
Gas Constant	R, psia-ft³/lb-mole-R	10.732	10.732	10.732	10.732	10.732	10.732	10.732	10.732	10.732	10.732	10.732	10.732	10.732
Vapor Density	Wv, lb/ft³	0.0003	0.0003	0.0003	0.0003	0.0003	0.0003	0.0003	0.0003	0.0183	0.0003	0.0003	0.0000	0.0018
Daily vapor pressure range	ΔPv, psia	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.8199	0.0000	0.0000	0.0000	0.0726
Vapor space expansion factor	Ks	0.077	0.077	0.077	0.077	0.077	0.077	0.077	0.077	0.119	0.077	0.077	0.077	0.077
Vented vapor saturation factor	Ks	0.995	0.995	0.995	0.995	0.995	0.995	0.995	0.995	0.803	0.995	0.995	1.000	0.995
Working Loss Product Factor	Kp	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Net Annual Throughput	Q, bbl/yr	1,714.3	1,714.3	28,571.4	1,714.3	28,571.4	1,714.3	28,571.4	28,571.4	14,285.7	20,800.0	28,571.4	478.2	8.0
Turnovers	N	4.3	4.3	71.4	4.3	71.4	4.3	71.4	71.4	35.7	52.0	159.6	5.0	0.9
Turnover factor	Kn	1.00	1.00	0.59	1.00	0.59	1.00	0.59	0.59	1.00	0.74	0.35	1.00	1.00

MAX. HRLY LOSSES: $L_m = (L_{wmax} \times FP) / (N \times V_o)$

STANDING LOSSES: $L_s = 365 \times V_v \times W_v \times K_s \times K_p$

WORKING LOSSES: $L_w = 0.0010 \times M_v \times P_{va} \times Q \times K_n \times K_p$
 $L_{wmax} = 0.0010 \times M_v \times P_{vz} \times Q \times K_n \times K_p$

UNCONTROLLED
 TOTAL HOURLY LOSSES: $L_t = (L_s + L_w)$
 TOTAL ANNUAL LOSSES: $L_t = (L_s + L_w) / 2000 \text{ bbl/ton}$

CONTROLLED
 TOTAL HOURLY LOSSES: $L_t = (L_s + L_w) \times (1 - \eta / 100)$
 TOTAL ANNUAL LOSSES: $L_t = (L_s + L_w) / 2000 \text{ bbl/ton} \times (1 - \eta / 100)$

METEOROLOGICAL CALCULATIONS:

Date Location	Houston, TX	ANNUAL	MAX HRLY
Daily avg. liquid surface temp, R	Tls	537.23	564.97
Daily avg. ambient temp, R	Taa	528.24	543.06
Liquid bulk temp, R	Tb	531.33	546.13
Daily solar insulation factor, Btu/ft² day	I	1351	1896
Atmospheric pressure, psia	Pa	14.7	14.7
Daily max. ambient temp, R	Tat	539.1	553.6
Daily min. ambient temp, R	Tam	517.4	525.5
Daily vapor temp. range, R	ΔTv	41.35	51.33
Daily max. liquid surface temp., R	Tlx	547.57	567.80
Daily min. liquid surface temp., R	Tln	526.80	542.14
Solar absorbance factor	a	0.68	0.68

Notes:

OT-9 loading is vapor balanced, so there are no working losses for that tank.

OT-9 Speciation

Total OT-9 Emissions =

1.50 lb/hr

0.27 tpy

Partial Pressures assuming max%wt in balance water

Chemical	MW	wt%	Moles lbmole	Mole Fraction	temp 537 F	Vapor Mole Frac	Vapor Wt lb	Vapor Wt Fraction	OT-9 lb/hr	tpy
Xylene	106.167	30	0.2826	0.0678	0.0116	0.0250	2.6554	0.1313	0.1967	0.0359
Water	18.0152	70	3.8856	0.9322	0.4509	0.9750	17.5646	0.8687		
Heptane	100.206	30	0.2994	0.0715	0.0638	0.1245	12.4720	0.4416	0.6615	0.1207
Water	18.0152	70	3.8856	0.9285	0.4491	0.8755	15.7730	0.5584		
Hexane	86.17	30	0.3481	0.0822	0.2424	0.3532	30.4321	0.7231	1.0832	0.1977
Water	18.0152	70	3.8856	0.9178	0.4439	0.6468	11.6529	0.2769		
Ethyl Benzene	106.169	30	0.2826	0.0678	0.0126	0.0271	2.8776	0.1410	0.2113	0.0386
Water	18.0152	70	3.8856	0.9322	0.4509	0.9729	17.5269	0.8590		
Toluene	92.142	30	0.3256	0.0773	0.0428	0.0875	8.0670	0.3292	0.4932	0.0900
Water	18.0152	70	3.8856	0.9227	0.4463	0.9125	16.4380	0.6708		
Methanol	32.04	30	0.9363	0.1942	0.4733	0.5484	17.5711	0.6835	1.0240	0.1869
Water	18.0152	70	3.8856	0.8058	0.3898	0.4516	8.1354	0.3165		
Butanol	74.124	30	0.4047	0.0943	0.0114	0.0253	1.8775	0.0966	0.1447	0.0264
Water	18.0152	70	3.8856	0.9057	0.4381	0.9747	17.5589	0.9034		
Propanol	60.1	30	0.4992	0.1138	0.0463	0.0975	5.8600	0.2649	0.3969	0.0724
Water	18.0152	70	3.8856	0.8862	0.4286	0.9025	16.2586	0.7351		
Ethanol	46.07	30	0.6512	0.1435	0.1667	0.2870	13.2215	0.5072	0.7598	0.1387
Water	18.0152	70	3.8856	0.8565	0.4143	0.7130	12.8451	0.4928		
Dimethyl Disulfide	94.1894	30	0.3185	0.0758	0.0423	0.0864	8.1341	0.3307	0.4955	0.0904
Water	18.0152	70	3.8856	0.9242	0.4470	0.9136	16.4594	0.6693		
Diethyl Disulfide	122.243	30	0.2454	0.0594	0.0049	0.0106	1.2946	0.0677	0.1014	0.0185
Water	18.0152	70	3.8856	0.9406	0.4549	0.9894	17.8244	0.9323		
Gasoline	66	30	0.4545	0.1047	0.7386	0.6304	41.6068	0.8620	1.2914	0.2357
Water	18.0152	70	3.8856	0.8953	0.4330	0.3696	6.6583	0.1380		
Acetic Acid	60.053	15	0.2498	0.0503	0.0149	0.0315	1.8913	0.0978	0.1465	0.0267
Water	18.0152	85	4.7182	0.9497	0.4594	0.9685	17.4478	0.9022		
Isopropyl Ether	102.178	30	0.2936	0.0703	0.2001	0.3079	31.4623	0.7162	1.0729	0.1958
Water	18.0152	70	3.8856	0.9297	0.4497	0.6921	12.4680	0.2838		
Propionic Acid	74.0792	30	0.4050	0.0944	0.0063	0.0143	1.0583	0.0562	0.0843	0.0154
Water	18.0152	70	3.8856	0.9056	0.4380	0.9857	17.7578	0.9438		
Naphthalene	128.18	30	0.2340	0.0568	0.0002	0.0005	0.0589	0.0033	0.0049	0.0009
Water	18.0152	70	3.8856	0.9432	0.4562	0.9995	18.0069	0.9967		
Propylamine	59.1108	13	0.2199	0.0436	0.2609	0.3606	21.3145	0.6492	0.9725	0.1775
Water	18.0152	87	4.8293	0.9564	0.4626	0.6394	11.5192	0.3508		
Kerosene	128.3	30	0.2338	0.0568	0.0008	0.0018	0.2275	0.0125	0.0187	0.0034
Water	18.0152	70	3.8856	0.9432	0.4562	0.9982	17.9833	0.9875		
Diesel	130	30	0.2308	0.0561	0.0006	0.0014	0.1760	0.0097	0.0145	0.0026
Water	18.0152	70	3.8856	0.9439	0.4566	0.9986	17.9908	0.9903		
Ethylene Glycol	62.0682	30	0.4833	0.1106	0.0003	0.0006	0.0397	0.0022	0.0033	0.0006
Water	18.0152	70	3.8856	0.8894	0.4302	0.9994	18.0037	0.9978		
Propylene Glycol	76.097	30	0.3942	0.0921	0.0001	0.0003	0.0232	0.0013	0.0019	0.0004
Water	18.0152	70	3.8856	0.9079	0.4391	0.9997	18.0097	0.9987		

12/27/2007

H:\CLIENT\CES\2007 PBR\Oil PBR\Emission Calcs rev2

EPAHQ043000626

Emulsion Breaker Speciation

Emulsion Breaker Speciation

Component	% wt	MW lb/lbmole	Moles	Mole Fraction	Pv @ 537 psia	Pv @ 548 psia	Pv @ 527 psia	Pv @ 555 psia	Pv @ 568 psia	Pv @ 542 psia
Xylene	50	106.167	0.4710	0.4478	0.0764	0.1057	0.0544	0.1322	0.1914	0.0893
Naphtha	50	86.1	0.5807	0.5522	0.0358	0.0477	0.0265	0.0583	0.0815	0.0411
Total				1.0000	0.1122	0.1534	0.0808	0.1905	0.2729	0.1304

Total Emulsion Breaker Tank Emissions:

0.15 lb/hr

0.03 tpy

Component	% wt	MW lb/lbmole	Moles	Mole Fraction	Pva psia	Vapor Mole Fraction	Vapor Weight (lb)	Vapor Weight Fraction	Emissions (lb)	Emissions (tpy)
Xylene	50.0000	106.1670	0.4710	0.4478	0.0764	0.6812	72.3259	0.7249	0.1120	0.0206
Naphtha	50.0000	86.1000	0.5807	0.5522	0.0358	0.3188	27.4447	0.2751	0.0425	0.0078
Total				1.0000	0.1122	1.0000	99.7706	1.0000		

CES Environmental Services
Houston, TX
Oil Improvement Process Vacuum Distillation
EPN: SV-1

Basis Information:

Emissions calculated as follows:

$$q = \{ \{ \{ \{ (V/100) \times F_m \} / (M \times (T_v/T_x)) \} \times M_v \} \times \{ 1 - (e/100) \} \}$$

$$Q = \{ \{ \{ \{ (V/100) \times F_a \} / (M \times (T_v/T_a)) \} \times M_v \} \times \{ 1 - (e/100) \} \times H \} / 2000$$

Where:

q = Quantity of VOC emissions (lb/hr)
Q = Quantity of VOC emissions (ton/yr)
V = VOC concentration (%v estimated)
F_a = Average flow rate of vent gas (cfh)
F_m = Maximum flow rate of vent gas (cfh)
M_v = Vapor molecular weight (lb/lb mole)
M = Molar volume (385 ft³/mole - Gas Constant)
T_v = Temperature of vent gas (deg. R)
T_a = Annual average ambient temperature (deg. R)
T_x = Highest monthly average ambient temperature (deg. R)
H = Operating time (hr/yr)
e = Control efficiency (%)

MAXIMUM HOURLY EMISSIONS (q):

Material: Oil

Input:		Emissions:	
V =	0.68 %	q =	0.071 lb/hr
F _m =	80 ft ³ /hr		
M _v =	58.08 lb/lbmole		
M =	404 ft ³ /mole		
T _v =	610 R		
T _x =	554 R		
e =	0 %		

ANNUAL EMISSIONS (Q):

Material: Oil

Input:		Emissions:	
V =	0.68 %	Q =	0.313 ton/yr
F _a =	80 ft ³ /hr		
M _v =	58.08 lb/lbmole		
M =	393 ft ³ /mole		
T _v =	610 R		
T _a =	539 R		
H =	8760 hr/yr		
e =	0 %		

ATTACHMENT B
PBR AUTHORIZATIONS BY EQUIPMENT

EQUIPMENT	EPN	DESCRIPTION	AUTHORIZATION
OT-1	OT-1	Wet Base Oil Tank	106.472(1)
OT-2	OT-2	Wet Base Oil Tank	106.472(1)
OT-3	OT-3	Oily Water Treatment Tank	106.472(1)
OT-4	OT-4	Wet Base Oil Treatment Tank	106.472(1)
OT-5	OT-5	Centrifuge Feed Tank	106.472(1)
OT-6	OT-6	Wet Base Oil Tank	106.472(1)
OT-7	OT-7	Oily Water Tank	106.472(1)
OT-8	OT-8	Oily Water Tank	106.472(1)
OT-9	OT-9	Mixed Molecular Weight Petroleum Hydrocarbons Storage	106.261/106.262
OT-10	OT-10	Distillation Feed Tank	106.472(1)
FO-1	FO-1	Centrifuged Oil Storage Tank	106.472(1)
WT-1	WT-1	Water Storage	N/A
Centrifuge	SV-1	Centrifuge	106.472(1)
Distillation	SV-1	Vacuum Distillation System	106.472(1)
Sulfuric Acid Tank	ST-1	Sulfuric Acid Storage	106.472(5)
Emulsion Breaker Tank	ET-1	Emulsion Breaker Storage Tank	106.261
Loading	OL-1	Product Loading	106.472(1)/ 106.261/106.262
Fugitives	OF-1	Oil Improvement Area Fugitives	106.261/106.262

FORMS



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

I. REGISTRANT INFORMATION			
A. TCEQ Customer Reference Number: CN-600618946		TCEQ Regulated Entity Number: RN-100693282	
<i>Note: If "NO," CN or RN number was entered above; please fill out the required Core Data Form, which will be available in Step II of the submittal process.</i>			
B. Company or Other Legal Customer Name: CES Environmental Services Inc.			
Company Official Contact Name: Matt Bowman		Title: President	
Mailing Address: 4904 Griggs Rd.			
City: Houston		State: TX	Zip Code: 77021
Phone No.: (713) 676-1460	Fax No.: (713) 676-1676	E-mail Address: mbowman@cesenvironmental.com	
C. Technical Contact Name: Philip Evans			
Company: The WCM Group, Inc.			
Mailing Address: 110 Bender Ave			
City: Humble		State: TX	Zip Code: 77336
Phone No.: (281) 446-7070	Fax No.: (281) 446-3348	E-mail Address: pevans@wcmgroup.com	
D. Facility Location Information - Street Address: 4904 Griggs Rd.			
<i>If "NO," street address, provide written driving directions to the site: (attach description if additional space is needed)</i>			
City: Houston		County: Harris	Zip Code: 77021
II. FACILITY AND SITE INFORMATION			
A. Name and Type of Facility: CES Environmental Services Inc.			<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Portable
B. PBR claimed under 30 TAC § 106 (List all):			
§ 106.261		§ 106.	
§ 106.262		§ 106.	
§ 106.472		§ 106.	
Are you claiming a historical standard exemption or PBR?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>If "YES," enter effective date and Rule Number:</i>			
C. Are you registering a grandfathered facility? <i>If "YES," attach documentation of construction date:</i>			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
D. Is there a previous Standard Exemption or PBR for the facility in this registration? (Attach details regarding changes)			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>If "YES," enter Registration Number and Rule Number:</i>			
E. Are there any other facilities at this site which are authorized by an Air Standard Exemption or PBR?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i>If "YES," enter Registration Number and Rule Number:</i>		75375, 83191	261/262
F. Are there any other air preconstruction permits at this site?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>If "YES," enter Permit Numbers:</i>			
G. Is this site required to obtain an air federal operating permit?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>If "YES," enter Permit Number:</i>			
H. TCEQ Account Identification Number (if known):		HG1270B	



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

III. FEE INFORMATION			
<i>To determine if a fee is required answer the following question. If "YES," to question III. A., a fee is not required, skip to Section IV. If "NO," to answer II. A., then go to Section III. B. See Section VI. for address to send fee or go to www.2.tceq.state.tx.us/epay to pay online.</i>			
A. Is this registration an update to a previously registered facility and accompanied by a Certification Form solely to establish a federally enforceable emission limit?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. What is the fee amount? <i>If "YES," to any of the following three questions, a \$100 fee is required. Otherwise, a \$450 fee is required.</i>			
Does this business have less than 100 employees?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Does this business have less than 1 million dollars in annual gross receipts?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Is this registration submitted by a governmental entity with a population of less than 10,000?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. Check/Money Order or Transaction Number (Payable to TCEQ):		Was fee Paid online?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Company name of check:		Fee amount:	\$100
IV. SELECTED FACILITY REVIEWS ONLY—TECHNICAL INFORMATION			
<i>Note: If claiming one of the following PBRs, complete this section, then skip to Section VI, "Submitting your registration" below:</i>			
<i>Animal Feeding Operations § 106.161 Livestock Auction Facilities § 106.162 Saw Mills § 106.223</i>			
<i>Grain Handling, Storage and Drying § 106.283 Auto Body Refinishing Facilities § 106.436 Air Curtain Incinerator § 106.496</i>			
A. Is the applicable PBR checklist attached which shows the facility meets all general and specific requirements of the PBR(s) being claimed? <i>(If submitting electronically, click "YES".)</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Distance from this facility's emission release point to the nearest property line:		feet	
Distance from this facility's emission release point to the nearest off-property structure:		feet	
V. TECHNICAL INFORMATION INCLUDING STATE AND FEDERAL REGULATORY REQUIREMENTS			
<i>Registrants must be in compliance with all applicable state and federal regulations and standards to claim a PBR.</i>			
A. Is Confidential information submitted and properly marked "CONFIDENTIAL" with this registration?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. Is a process flow diagram or a process description attached?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. Are emissions data and calculations for this claim attached?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
D. Is information attached showing how the general requirements (30 TAC § 106.4) of the PBR is met for this Registration? <i>(PBR checklists may be used, but are optional)</i>			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i>Note: Please be reminded that if the facilities listed in this registration are subject to the Mass Emissions Cap & Trade program under 30 TAC Chapter 101, Subchapter H, Division 3, the owner/operator of these facilities must possess NO_x allowances equivalent to the actual NO_x emissions from these facilities.</i>			
E. Is information attached showing how the specific PBR requirements are met for this registration? <i>(PBR checklist may be used, but are optional)</i>			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
F. Distance from this facility's emission release point to the nearest property line:		100 feet	
Distance from this facility's emission release point to the nearest off-property structure:		125 feet	
<i>Note: In limited cases, a map or drawing of the site and surrounding land use may be requested during the technical review or at the request of the TCEQ Regional Office or local air pollution control program during an investigation.</i>			



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

VI. SIGNATURE FOR CERTIFICATION AND REGISTRATION

The signature below indicates that the Responsible Official has knowledge of the facts herein set forth and that the same are true, accurate, and complete to the best of my knowledge and belief. By this signature, the maximum emission rates listed on this certification reflect the maximum anticipated emissions due to the operation of this facility and all representations in this certification of emissions are conditions upon which the facilities and sources will operate. It is understood that it is unlawful to vary from these representations unless the certification is first revised. The signature certifies that to the best of the Responsible Official's knowledge and belief, the project will satisfy the conditions and limitations of the indicated exemption or permit by rule and the facility will operate in compliance with all regulations of the Texas Commission on Environmental Quality and with Federal U.S. Environmental Protection Agency regulations governing air pollution. The signature below certifies that, based on information and belief formed after reasonable inquiry, the statements and information above and contained in the attached document(s) are true, accurate, and complete. **If you questions on how to fill out this form or about air quality permits. Please call 512/239-1250. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, call 512/239-3282.**

SIGNATURE: Mark E. Brown DATE: 1-2-08

VII. SUBMITTING COPIES OF THE CERTIFICATION AND REGISTRATION

Copies must be sent as listed below:

Processing delays may occur if copies are not sent as noted.

Who	Where	What
Air Permits Initial Review Team (APIRT)	Regular, Certified, Priority Mail MC161, P.O. Box 13087 Austin, Texas 78711-3087 Hand Delivery, Overnight Mail MC 161, 12100 Park 35 Circle, Building C, Third Floor Austin, Texas 78753 Fax No.: (512) 239-2123 (do not follow fax with paper copies)	Originals Form PI-7, Core Data Form, and all attachments
Revenue Section, TCEQ	Regular, Certified, Priority Mail MC 214, P.O. Box 13088 Austin, Texas 78711-3088 Hand Delivery, Overnight Mail MC 214, 12100 Park 35 Circle, Building A, Third Floor Austin, Texas 78753	Original Money Order or Check Copy of Form PI-7 and Core Data Form
Appropriate TCEQ Regional Office	To find your Regional Office address, go to the TCEQ Web site at www.tceq.state.tx.us , or call (512) 239-1250.	Copy of Form PI-7, Core Data Form, and all attachments.
Appropriate Local Air Pollution Control Program(s)	To Find your local or Regional Air Pollution Control Programs go to the TCEQ, APD Website at www.tceq.state.tx.us/nav/permits/air_permits.html or call (512) 239-1250	Copy of Form PI-7, Core Data Form, and all attachments.

**TEXAS NATURAL RESOURCE CONSERVATION COMMISSION
AIR PERMITS DIVISION**

TITLE 30 TAC § 106.4 "QUICK-CHECK" APPLICABILITY CHECKLIST

Company Name: CES Environmental Services, Inc.
Checklist completed by: The WCM Group, Inc. Date: 12/28/2007
Facility Type: Transport Vessel Cleaning & Waste Processing
Permit(s) by rule claimed: 30 TAC Chapter §106:261, 262, 472
Project Description (including equipment, materials, and brief process description): Oil Improvement Process Area

List the maximum annual emission rates, in **TONS PER YEAR (TPY)**, for this project:

CO 0.00	NO _x 0.00	VOC 1.46
PM 0.00	SO ₂ 0.00	Other 0.00

The following questions require a "Yes" or "No" answer to be indicated for this permit by rule claim:

A. Title 30 TAC § 106.4(a)(5): Current Permit by Rule Requirements

Yes ☒ No ☐ Have you checked to determine if this exempt project is being claimed under the current version of 30 TAC 106?

If "Yes", continue to next question

If "No", please contact the TNRCC Air Permits Division for a copy of the current permit by rule to be claimed.

B. Title 30 TAC § 106.4(a)(7): Permit by rule prohibition check

Yes ☐ No ☒ Are there any air permits under the same account containing permit conditions which prohibit or restrict the use of permits by rule?

If "No", continue to next question

If "Yes", permits by rule may not be used or their use must meet the restrictions of the permit.

A new permit or permit amendment may be required.

List permit number(s): _____

C. Title 30 TAC § 106.4(b): Circumvention check

Title 30 TAC § 106.4(b) states "No person shall circumvent by artificial limitations the requirements of §116.110 of this title (covering permitting)." Circumvention by artificial limitations may include but is not limited to:

A. dividing a complete project into separate segments to circumvent §106.4(a)(1) limits;

- B. *claiming feed or production rates below the physical capacity of the project's equipment in order to begin constructing facilities before a permit or permit amendment is approved for full scale operations, particularly when the unit will not be economically viable at less than permitted capacity;*
- C. *claiming a limited chemical list in order to begin constructing facilities before a permit or permit amendment is approved for additional chemicals, particularly when the unit will not be economically viable until the additional chemicals are authorized.*

Yes ☐ No ☒ Does your project meet any of the criteria listed above?

If "No", continue to next rule question

If "Yes", a permit by rule may not be claimed

D. Title 30 TAC § 106.4(c) and (d): Compliance with all Rules

Yes ☒ No ☐ Will the facility comply with all rules and regulations of the TNRCC, the intent of the Texas Clean Air Act, and any local permitting or registration requirements?

If "Yes", continue to next rule question

If "No", a permit by rule may not be claimed.

E. Title 30 TAC § 106.4(a)(1): Emission limits check

Yes ☒ No ☐ The maximum emissions from all facilities at the site, including this permit by rule claim, are less than 25 tpy of any contaminant.

If the answer to this questions is "Yes", no further review is needed to complete this checklist.

Forward all information needed to verify your permit by rule claim to the TNRCC.

If "No", this checklist cannot be used. Please complete the standard 30 TAC § 106.4 Applicability Checklist



**Title 30 Texas Administrative Code § 106.261
Permit By Rule (PBR) Checklist
Facilities (Emission Limitations)**

Electronic Submittal - Only enter the PI-7 confirmation number here
Hard-Copy Submittal - Print and complete the following checklist.

if submitting electronically.

The following checklist is designed to help you confirm that you meet Title 30 Texas Administrative Code § 106.261 (30 TAC § 106.261) requirements. If you do not meet all the requirements, you may alter the project design or operation in such a way that all the requirements of the PBR are met or you may obtain a construction permit. The PBR forms, tables, checklists and guidance documents are available from the Texas Commission on Environmental Quality (TCEQ), Air Permits Division Web site at, www.tceq.state.tx.us/nav/permits/air_permits.html.

CHECK THE MOST APPROPRIATE ANSWER																																																			
Is a description or checklist of how this claim meets the general requirements for the use of PBRs in 30 TAC § 106.4 attached?			X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
b1	Is this claim for construction of a facility authorized in another section of this chapter or for which a standard permit is in effect? <i>If "YES," this PBR cannot be used to authorize emissions from the project</i>		<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A																																																
b2	Is this claim for any change to any facility authorized under another section of this chapter or authorized under a standard permit? <i>If "YES," this PBR cannot be used to authorize emissions from the project</i>		<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A																																																
a1	Are facilities or changes located at least 100 feet from any recreational area or residence or other structure not occupied or used solely by the owner or operator of the facilities or the owner of the property upon which the facilities are located?		X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
a2	Are total new or increased emissions, including fugitives, less than or equal to 6.0 pounds per hour (lb/hr) and ten tons per year of the following materials (check all that apply):		X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
<table border="0"><tr><td><input type="checkbox"/> acetylene</td><td><input type="checkbox"/> helium</td><td><input type="checkbox"/> propyl ether</td><td><input type="checkbox"/> limestone</td></tr><tr><td><input type="checkbox"/> argon</td><td><input type="checkbox"/> isohexane</td><td><input type="checkbox"/> sulfur dioxide</td><td><input type="checkbox"/> magnesite</td></tr><tr><td><input type="checkbox"/> butane</td><td><input type="checkbox"/> isopropyl alcohol</td><td><input type="checkbox"/> alumina</td><td><input type="checkbox"/> marble</td></tr><tr><td><input type="checkbox"/> crude oil</td><td><input type="checkbox"/> methyl acetylene</td><td><input type="checkbox"/> calcium carbonate</td><td><input type="checkbox"/> pentaerythritol</td></tr><tr><td><input type="checkbox"/> carbon monoxide</td><td><input type="checkbox"/> methyl chloroform</td><td><input type="checkbox"/> calcium silicate</td><td><input type="checkbox"/> plaster of paris</td></tr><tr><td><input type="checkbox"/> cyclohexane</td><td><input type="checkbox"/> methyl cyclohexane</td><td><input type="checkbox"/> cellulose fiber</td><td><input type="checkbox"/> silicon</td></tr><tr><td><input type="checkbox"/> cyclohexene</td><td><input type="checkbox"/> neon</td><td><input type="checkbox"/> cement dust</td><td><input type="checkbox"/> silicon carbide</td></tr><tr><td><input type="checkbox"/> cyclopentan</td><td><input type="checkbox"/> nonan</td><td><input type="checkbox"/> emery dust</td><td><input type="checkbox"/> starch</td></tr><tr><td><input type="checkbox"/> ethyl acetate</td><td><input type="checkbox"/> oxides of nitrogen</td><td><input type="checkbox"/> glycerin mist</td><td><input type="checkbox"/> sucrose</td></tr><tr><td>X <input checked="" type="checkbox"/> ethanol</td><td><input type="checkbox"/> propane</td><td><input type="checkbox"/> gypsum</td><td><input type="checkbox"/> zinc stearate</td></tr><tr><td><input type="checkbox"/> ethyl ether</td><td><input type="checkbox"/> propyl alcohol</td><td><input type="checkbox"/> iron oxide dust</td><td><input type="checkbox"/> zinc oxide</td></tr><tr><td><input type="checkbox"/> ethylene</td><td><input type="checkbox"/> propylene</td><td><input type="checkbox"/> kaolin</td><td></td></tr></table>				<input type="checkbox"/> acetylene	<input type="checkbox"/> helium	<input type="checkbox"/> propyl ether	<input type="checkbox"/> limestone	<input type="checkbox"/> argon	<input type="checkbox"/> isohexane	<input type="checkbox"/> sulfur dioxide	<input type="checkbox"/> magnesite	<input type="checkbox"/> butane	<input type="checkbox"/> isopropyl alcohol	<input type="checkbox"/> alumina	<input type="checkbox"/> marble	<input type="checkbox"/> crude oil	<input type="checkbox"/> methyl acetylene	<input type="checkbox"/> calcium carbonate	<input type="checkbox"/> pentaerythritol	<input type="checkbox"/> carbon monoxide	<input type="checkbox"/> methyl chloroform	<input type="checkbox"/> calcium silicate	<input type="checkbox"/> plaster of paris	<input type="checkbox"/> cyclohexane	<input type="checkbox"/> methyl cyclohexane	<input type="checkbox"/> cellulose fiber	<input type="checkbox"/> silicon	<input type="checkbox"/> cyclohexene	<input type="checkbox"/> neon	<input type="checkbox"/> cement dust	<input type="checkbox"/> silicon carbide	<input type="checkbox"/> cyclopentan	<input type="checkbox"/> nonan	<input type="checkbox"/> emery dust	<input type="checkbox"/> starch	<input type="checkbox"/> ethyl acetate	<input type="checkbox"/> oxides of nitrogen	<input type="checkbox"/> glycerin mist	<input type="checkbox"/> sucrose	X <input checked="" type="checkbox"/> ethanol	<input type="checkbox"/> propane	<input type="checkbox"/> gypsum	<input type="checkbox"/> zinc stearate	<input type="checkbox"/> ethyl ether	<input type="checkbox"/> propyl alcohol	<input type="checkbox"/> iron oxide dust	<input type="checkbox"/> zinc oxide	<input type="checkbox"/> ethylene	<input type="checkbox"/> propylene	<input type="checkbox"/> kaolin	
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<input type="checkbox"/> refinery petroleum fractions (except for pyrolysis naphthas and pyrolysis gasoline) containing less than ten volume percent benzene																																																			
<input type="checkbox"/> fluorocarbons Numbers 11, 12, 13, 14, 21, 22, 23, 113, 114, 115, and 116																																																			
a3	Are total new or increased emissions, including fugitives, less than or equal to 1.0 lb/hr of any chemical having a limit value (L) greater than 200 milligrams per cubic meter (mg/m ³) as listed and referenced in Table 262 of 30 TAC § 106.262 of this title (relating to Facilities (Emission and Distance Limitations)? List chemical: <u>See Calculations</u> L value: <u>See Calculations</u>		X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
Are total new or increased emissions, including fugitives, less than or equal to 1.0 lb/hr of any chemical not listed or referenced in Table 262? List chemical: <u>See Calculations</u>			X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																

<p>Are total new or increased emissions, including fugitives, of a chemical with a limit value of less than 200 mg/m³? If "Yes" the authorization of the chemical is not allowed under this section. We suggest you use 30 TAC §106.262 to authorize the emissions, if applicable.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
<p>a4 Are there any changes to or additions of any existing air pollution abatement equipment?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
<p>a5 Will there be any visible emissions, except uncombined water, emitted to the atmosphere from any point or fugitive source in amounts greater than 5.0% opacity in any six-minute period?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
<p>a6 Are emission increases five tons per year or greater? If "YES," this checklist must be attached to a Form PI-7 within ten days following the installation or modification of the facilities. The notification shall include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any.</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
<p>a7 Are emission increases less than five tons per year? If "YES," this checklist must be attached to a Form PI-7 and include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any. (pick one):</p> <p><input checked="" type="checkbox"/> Within ten days following the installation or modification of the facilities. The notification shall include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any; or</p> <p><input type="checkbox"/> By March 31 of the following year summarizing all uses of this permit by rule in the previous calendar year.</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A



**Title 30 Texas Administrative Code § 106.262
Permit by Rule (PBR) Checklist
Facilities (Emission and Distance Limitations)**

Electronic Submittal - Only enter the PI-7 confirmation number here if submitting electronically.
Hard-Copy Submittal - Print and complete the following checklist.

The following checklist is designed to help you confirm that you meet Title 30 Texas Administrative Code § 106.262 (30 TAC § 106.262) requirements. If you do not meet all the requirements, you may alter the project design or operation in such a way that all the requirements of the PBR are met or you may obtain a construction permit. The PBR forms, tables, checklists and guidance documents are available from the Texas Commission on Environmental Quality (TCEQ), Air Permits Division Web site at, www.tceq.state.tx.us/nav/permits/air_permits.html.

CHECK THE MOST APPROPRIATE ANSWER																																																							
Is a description or checklist of how this claim meets the general requirements for the use of PBRs in 30 TAC § 106.4 attached?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A																																																				
b1.	Is this claim for construction of a facility authorized in another section of this chapter or for which a standard permit is in effect? <i>If "YES," this PBR cannot be used to authorize emissions from the project.</i>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A																																																				
b2.	Is this claim for any change to any facility authorized under another section of this chapter or authorized under a standard permit? <i>If "YES," this PBR cannot be used to authorize emissions from the project.</i>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A																																																				
c.	Is the facility authorized under another section of this chapter or under a standard permit? <i>If "YES," subsection (a)(2) and (3) of this section may be used to qualify the use of other chemicals at the facility.</i>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A																																																				
a1.	Are facilities or changes located at least 100 feet from any recreational area or residence or other structure not occupied or used solely by the owner or operator of the facilities or the owner of the property upon which the facilities are located?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A																																																				
a2.	Are new or increased emissions, including fugitives, emitted in a quantity less than five tons per year or in a quantity less than E as determined by using the equation $E=L/K$? See Table 262 Figures 1 and 2. <i>If "YES," the notification shall include a description of the project, calculations for all emissions being claimed under this PBR.</i>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A																																																				
Chemical: <u>See Calculations</u> L value: <u>See Calculations</u> D: <u>See Calculations</u> K: <u>See Calculations</u>																																																							
a3.	Is this checklist attached to a Form PI-7 within ten days following the installation or modification of the facilities? <i>If "YES," the notification shall include a description of the project, calculations, and data identifying specific chemical names, L values, and a description of pollution control equipment, if any.</i>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A																																																				
a4.	Are one or more of the following chemicals is handled for this registration? (Check all that apply) <i>If "YES," answer the following four questions.</i>																																																						
<table border="0"> <tr> <td><input type="checkbox"/> acrolein</td> <td><input type="checkbox"/> diazomethane</td> <td><input type="checkbox"/> hydrogen sulfide</td> <td><input type="checkbox"/> ozone</td> </tr> <tr> <td><input type="checkbox"/> allyl chloride</td> <td><input type="checkbox"/> diborane</td> <td><input type="checkbox"/> ketene</td> <td><input type="checkbox"/> pentaborane</td> </tr> <tr> <td><input type="checkbox"/> ammonia (anhydrous)</td> <td><input type="checkbox"/> diglycidyl ether</td> <td><input type="checkbox"/> methylamine</td> <td><input type="checkbox"/> perchloromethyl mercaptan</td> </tr> <tr> <td><input type="checkbox"/> arsine</td> <td><input type="checkbox"/> dimethylhydrazine</td> <td><input type="checkbox"/> methyl bromide</td> <td><input type="checkbox"/> perchloryl fluoride</td> </tr> <tr> <td><input type="checkbox"/> boron trifluoride</td> <td><input type="checkbox"/> ethyleneimine</td> <td><input type="checkbox"/> methyl hydrazine</td> <td><input type="checkbox"/> phosgene</td> </tr> <tr> <td><input type="checkbox"/> bromine</td> <td><input type="checkbox"/> ethyl mercaptan</td> <td><input type="checkbox"/> methyl isocyanate</td> <td><input type="checkbox"/> phosphine</td> </tr> <tr> <td><input type="checkbox"/> carbon disulfide</td> <td><input type="checkbox"/> fluorine</td> <td><input type="checkbox"/> methyl mercaptan</td> <td><input type="checkbox"/> phosphorus trichloride</td> </tr> <tr> <td><input type="checkbox"/> chlorine</td> <td><input type="checkbox"/> formaldehyde (anhydrous)</td> <td><input type="checkbox"/> nickel carbonyl</td> <td><input type="checkbox"/> selenium</td> </tr> <tr> <td><input type="checkbox"/> chlorine dioxide</td> <td><input type="checkbox"/> hydrogen bromide</td> <td><input type="checkbox"/> nitric acid</td> <td><input type="checkbox"/> hexafluoride stibine</td> </tr> <tr> <td><input type="checkbox"/> chlorine trifluoride</td> <td><input type="checkbox"/> hydrogen chloride</td> <td><input type="checkbox"/> nitric oxide</td> <td><input type="checkbox"/> liquefied sulfur dioxide</td> </tr> <tr> <td><input type="checkbox"/> chloroacetaldehyde</td> <td><input type="checkbox"/> hydrogen cyanide</td> <td><input type="checkbox"/> nitrogen dioxide</td> <td><input type="checkbox"/> sulfur pentafluoride</td> </tr> <tr> <td><input type="checkbox"/> chloropicrin</td> <td><input type="checkbox"/> hydrogen fluoride</td> <td><input type="checkbox"/> oxygen difluoride</td> <td><input type="checkbox"/> tellurium hexafluoride</td> </tr> <tr> <td><input type="checkbox"/> chloroprene</td> <td><input type="checkbox"/> hydrogen selenide</td> <td></td> <td></td> </tr> </table>				<input type="checkbox"/> acrolein	<input type="checkbox"/> diazomethane	<input type="checkbox"/> hydrogen sulfide	<input type="checkbox"/> ozone	<input type="checkbox"/> allyl chloride	<input type="checkbox"/> diborane	<input type="checkbox"/> ketene	<input type="checkbox"/> pentaborane	<input type="checkbox"/> ammonia (anhydrous)	<input type="checkbox"/> diglycidyl ether	<input type="checkbox"/> methylamine	<input type="checkbox"/> perchloromethyl mercaptan	<input type="checkbox"/> arsine	<input type="checkbox"/> dimethylhydrazine	<input type="checkbox"/> methyl bromide	<input type="checkbox"/> perchloryl fluoride	<input type="checkbox"/> boron trifluoride	<input type="checkbox"/> ethyleneimine	<input type="checkbox"/> methyl hydrazine	<input type="checkbox"/> phosgene	<input type="checkbox"/> bromine	<input type="checkbox"/> ethyl mercaptan	<input type="checkbox"/> methyl isocyanate	<input type="checkbox"/> phosphine	<input type="checkbox"/> carbon disulfide	<input type="checkbox"/> fluorine	<input type="checkbox"/> methyl mercaptan	<input type="checkbox"/> phosphorus trichloride	<input type="checkbox"/> chlorine	<input type="checkbox"/> formaldehyde (anhydrous)	<input type="checkbox"/> nickel carbonyl	<input type="checkbox"/> selenium	<input type="checkbox"/> chlorine dioxide	<input type="checkbox"/> hydrogen bromide	<input type="checkbox"/> nitric acid	<input type="checkbox"/> hexafluoride stibine	<input type="checkbox"/> chlorine trifluoride	<input type="checkbox"/> hydrogen chloride	<input type="checkbox"/> nitric oxide	<input type="checkbox"/> liquefied sulfur dioxide	<input type="checkbox"/> chloroacetaldehyde	<input type="checkbox"/> hydrogen cyanide	<input type="checkbox"/> nitrogen dioxide	<input type="checkbox"/> sulfur pentafluoride	<input type="checkbox"/> chloropicrin	<input type="checkbox"/> hydrogen fluoride	<input type="checkbox"/> oxygen difluoride	<input type="checkbox"/> tellurium hexafluoride	<input type="checkbox"/> chloroprene	<input type="checkbox"/> hydrogen selenide		
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Title 30 Texas Administrative Code § 106.262
Permit by Rule (PBR) Checklist
Facilities (Emission and Distance Limitations)

Are all facilities are located at least 300 feet from the nearest property line and 600 feet from any off-plant receptor?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Are the cumulative amount of any of the following chemicals resulting from one or more authorizations under this section (but not including permit authorizations) less than or equal to 500 pounds on the plant property?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Are all listed chemicals handled only in unheated containers operated in compliance with the United States Department of Transportation regulation (49 Code of Federal Regulation, Parts 171-178)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Are any changes to or additions of any existing air pollution abatement equipment?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
a5. Are there any changes to or additions of any existing air pollution abatement equipment?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
a6. Will there be any visible emissions, except uncombined water, emitted to the atmosphere from any point or fugitive source in amounts greater than 5.0% opacity in any six-minute period?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

D, Feet	K	
100	326	E=maximum allowable hourly emission, and never to exceed 6 pounds per hour.
200	200	
300	139	
400	104	
600	65	
700	54	K=value from the table on this page. (interpolate intermediate values)
800	46	
900	39	
1,000	34	
2,000	14	
3,000 or more	8	D=distance to the nearest off-plant receptor

TABLE 262
LIMIT VALUES (L) FOR USE WITH EXEMPTIONS FROM PERMITTING § 106.262

The values are not to be interpreted as acceptable health effects values relative to the issuance of any permits under Chapter 116 of this title (relating to Control of Air Pollution by Permits for new Construction or Modification).

<u>Compound</u>	<u>Limit (L) Milligrams Per Cubic Meter</u>
Acetone	590.
Acetaldehyde	9.
Acetone	4.
Acetonitrile	34.
Acetylene	2662.
N-Amyl Acetate	2.7
Sec-Amyl Acetate	1.1
Benzene	3.
Beryllium and Compounds	0.0005
Boron Trifluoride, as HF	0.5
Butyl Alcohol,	76.
Butyl Acrylate	19.
Butyl Chromate	0.01
Butyl Glycidyl Ether	30.
Butyl Mercaptain	0.3
Butyraldehyde	1.4
Butyric Acid	1.8
Butyronitrile	22.
Carbon Tetrachloride	12.
Chloroform	10.
Chlorophenol	0.2
Chloroprene	3.6
Chromic Acid	0.01
Chromium Metal, Chromium II and III Compounds	0.1
Chromium VI Compounds	0.01
Coal Tar Pitch Volatiles	0.1
Creosote	0.1
Cresol	0.5
Cumene	50.
Dicyclopentadiene	3.1
Diethylaminoethanol	5.5
Diisobutyl Ketone	63.9
Dimethyl Aniline	6.4
Dioxane	3.6

<u>Compound</u>	<u>Limit (L) Milligrams Per Cubic Meter</u>
Dipropylamine	8.4
Ethyl Acrylate	0.5
Ethylene Dibromide	0.38
Ethylene Glycol	26.
Ethylene Glycol Dinitrate	0.1
Ethylidene 2-norbornene, 5-	7.
Ethyl Mercaptan	0.08
Ethyl Sulfide	1.6
Glycolonitrile	5.
Halothane	16.
Heptane	350.
Hexanediamine, 1, 6-	0.32
Hydrogen Chloride	1.
Hydrogen Fluoride	0.5
Hydrogen Sulfide	1.1
Isoamyl Acetate	133.
Isoamyl Alcohol	15.
Isobutyronitrile	22.
Kepone	0.001
Kerosene	100.
Malononitrile	8.
Mesityl Oxide	40.
Methyl Acrylate	5.8
Methyl Amyl Ketone	9.4
Methyl-T-Butyl Ether	45.
Methyl Butyl Ketone	4.
Methyl Disulfide	2.2
Methylenebis (2-chloroaniline) (MOCA)	0.003
Methylene Chloride	26.
Methyl Isoamyl Ketone	5.6
Methyl Mercaptan	0.2
Merthyl Methacrylate	34.
Methyl Propyl Ketone	530.
Methyl Sulfide	0.3
Mineral Spirits	350.
Naphtha	350.
Nickel, Inorganic Compounds	0.015
Nitroglycerine	0.1

<u>Compound</u>	<u>Limit (L) Milligrams Per Cubic Meter</u>
Nitropropane	5.
Octane	350.
Parathion	0.05
Pentane	350.
Perchloroethylene	33.5
Petroleum Ether	350.
Phenyl Mercaptan	0.4
Propionitrile	14.
Propyl Acetate	62.6
Propylene Oxide	20.
Propyl Mercaptan	0.23
Silica-amorphous-precipitated, silica gel	4.
Silicon Carbide	4.
Stoddard Solvent	350.
Styrene	21.
Succinonitrile	20.
Tolidin	0.02
Trichloroethylene	135.
Trinethylamine	0.1
Valeric Acid	0.34
Vinyl Acetate	15.
Vinyl Chloride	2.

NOTE: The time weighted average (TWA) threshold Limit Value (TLV) published by the American Conference of Governmental Industrial Hygienists (ACGIH), in its TLVs and BEIs guide (1997 Edition) shall be used for compounds not included in the table. The Short Term Exposure Level (STEL) or Ceiling Limit (annotated with a "C") published by the ACGIH shall be used for compounds that do not have a published TWA TLV. This section cannot be used if the compound is not listed in the table or does not have a published TWA TLV, STEL, or Ceiling Limit in the ACGIH TLVs and BEIs guide.



Texas Commission on Environmental Quality

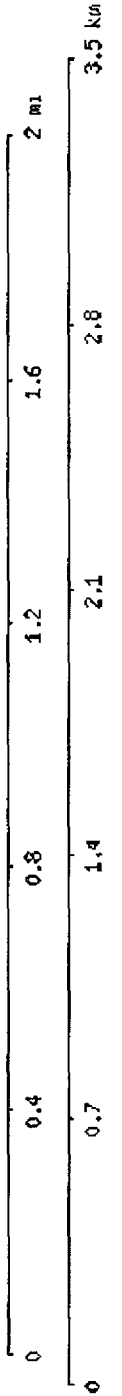
Exemption §106.472 Checklist (Previously Standard Exemption 51)

Organic Liquid Loading and Unloading

The following checklist is designed to help you confirm that you meet §106.472, previously Standard Exemption 51 (STDX 51), requirements. **Any "no" answers indicate that the claim of registration may not meet all requirements for the use of Exemption §106.472, previously Standard Exemption 51.** If you do not meet all the requirements, you may alter the project design/operation in such a way that all the requirements of the exemption are met, or obtain a construction permit.

<u>YES</u>	<u>NO</u>	<u>NA</u>	<u>DESCRIPTION</u>
<u>X</u>	—	—	Have you included a description of how this exemption claim meets the general rule for the use of exemptions (§106, Subchapter A checklist is available)?
<u>X</u>	—	—	Are all the facilities claimed for exemption specifically named in the general section of §106.472, previously STDX 51? (This exemption has been interpreted to allow mixing or blending but <u>not</u> chemical reaction in tankage.)
<u>X</u>	—	—	Is the equipment designed to prevent visible emissions?
<u>X</u>	—	—	Are all the chemicals to be loaded, unloaded, or stored described in §106.472, previously STDX 51(a) - (i)? Attach a list of the chemicals and identify the appropriate item of §106.472, previously STDX 51 that applies. Include additional supporting data. For example, a §106.472, previously STDX 51(i), claim should identify initial boiling points of all compounds to be covered.
—	—	<u>X</u>	Will aqueous ammonia solutions, hydrochloric acid, or acetic acid be vented through a water scrubber?
—	—	<u>X</u>	Are facilities loading, unloading, or storing butyric acid, isobutyric acid, methacrylic acid, mercaptans, croton oil, 2-methyl styrene, or any other compound with an initial boiling point of 300 degrees F or greater listed in 40 CFR 261, Appendix VIII, located at least 500 feet from any recreational area or residence or other structure not occupied or used solely by the owner or operator of the facility or the owner of the property upon which the facility is located? List these compounds and show their handling location on an attached scaled plot plan.

SITE LOCATION MAP



FACILITY PLOT PLAN

AERIAL PHOTOGRAPH



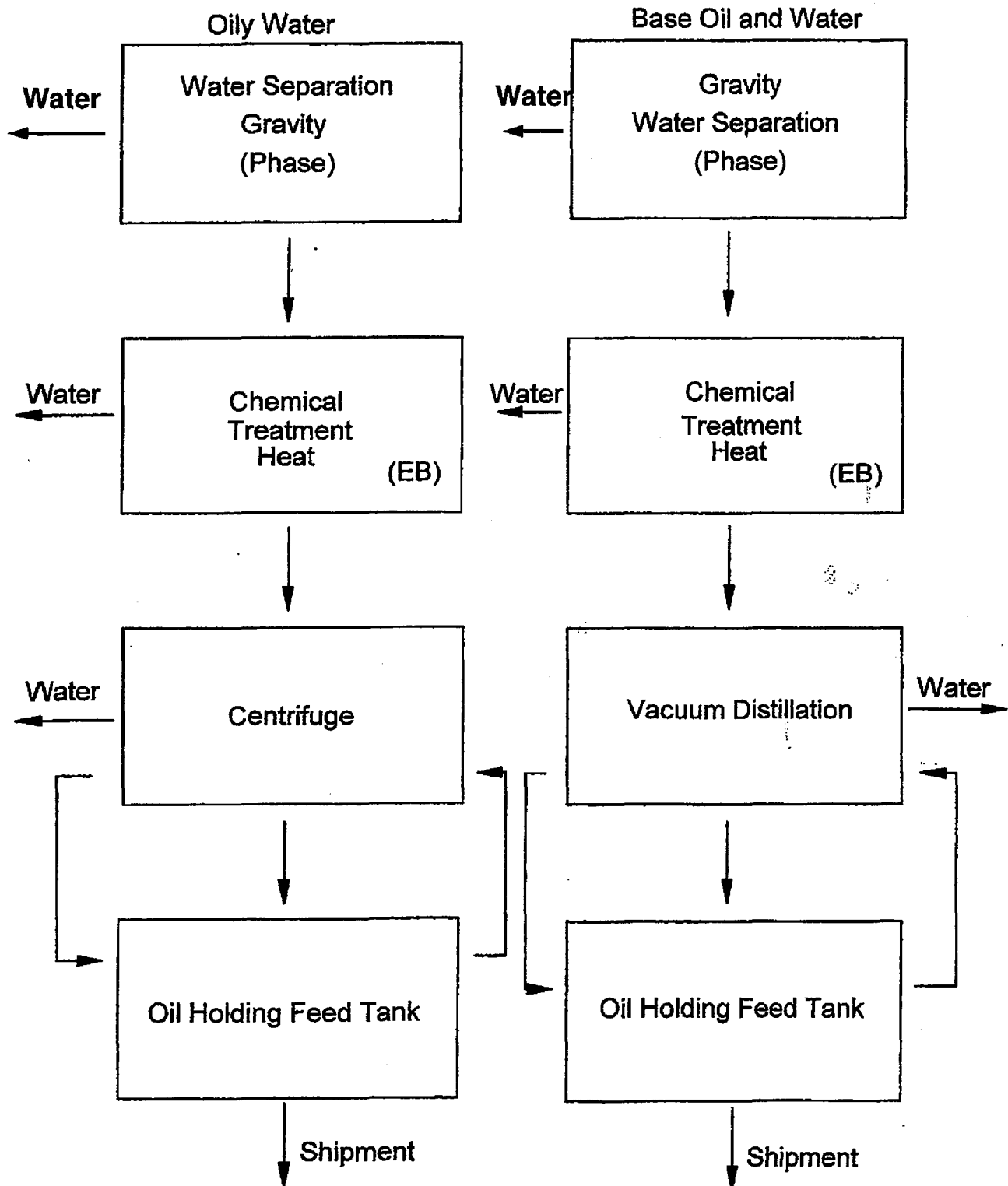
EPAHQ043000650

PROCESS FLOW DIAGRAM



CES Environmental Services, Inc.
Process Flow Diagram
Oil Process Area

12/05/07



SIB WASTEWATER
PROCESS

EPAHO043000653

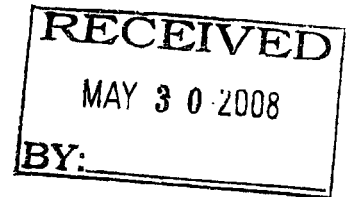
7137488664 P.001/001
HTH. Phil L
Desiree Westcott
From: Kar
Guide
MENTAL QUALITY
enting Pollution

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

May 23, 2008

MR MATT BOWMAN
PRESIDENT
CES ENVIRONMENTAL SERVICES
4904 GRIGGS RD
HOUSTON TX 77021



Permit by Rule Registration Number:	84713
Location/City/County:	4904 Griggs Rd, Houston, Harris County
Project Description/Unit:	Treatment of Sulfurized Isobutylene Wastewater
Regulated Entity Number:	RN100693282
Customer Reference Number:	CN600618946
New or Existing Site:	Existing
Affected Permit (if applicable):	None
Renewal Date (if applicable):	None

CES Environmental Services, Inc., has certified the emissions associated with the treatment of sulfurized isobutylene wastewater under Title 30 Texas Administrative Code §§ 106.261, 106.262, 106.472, 106.532. For rule information see www.tceq.state.tx.us/permitting/air/nav/numerical_index.html.

No planned MSS emissions have been represented or reviewed for this registration and none will be authorized by this registration. The company is also reminded that these facilities may be subject to and must comply with other state and federal air quality requirements. This certification is taken under the authority delegated by the Executive Director of the TCEQ. If you have questions, please contact Mr. Jon Edwards, P.E. at (512) 239-5863.

All analytical data generated by a mobile or stationary laboratory to support the compliance with an air permit must be obtained from a NELAC (National Environmental Laboratory Accreditation Conference) accredited laboratory. For additional information regarding the laboratory accreditation program, please see the following website which includes the accreditation and exemption information:
http://www.tceq.state.tx.us/compliance/compliance_support/qa/env_lab_accreditation.html

Sincerely,

Certified Emissions:

VOCs	0.38	tpy
PM as Inorganics	0.17	tpy

Anne M. Inman, P.E., Manager
Rule Registrations Section
Air Permits Division

cc: Bureau Chief of Air Quality Control, Health and Human Services Department, City of Houston, Houston
Director, Environmental Public Health Division, Harris County Public Health and Environmental Services,
Pasadena
Air Section Manager, Region 12 - Houston
Project Number: 137945



The WCM Group, Inc.

April 16, 2008

Air Permits Initial Review Team (APIRT), MC161
Texas Commission on Environmental Quality
12100 Park 35 Circle, Building C, Third Floor
Austin, Texas 78753

LONE STAR
AIRBILL NUMBER
40402900

Reference: Registration of Permits-By-Rule
CES Environmental Services, Inc.
4904 Griggs Road
Houston, Harris County, Texas
CN600618946; RN100693282

Dear Sir or Madam:

On behalf of CES Environmental Services, Inc. (CES), please find enclosed documentation to authorize the processing of wastewater containing sulfurized isobutylene. The project qualifies for authorization under Permits-By-Rule (PBRs) §106.261, §106.262, §106.472 and §106.532.

If you have questions regarding this registration, or require further information, please do not hesitate to contact Mr. Matt Bowman of CES at (713) 676-1460, or me directly at (281) 446-7070.

Sincerely,

Philip B. Evans
Director, Technical Services

PBE/tv
26927:5330010.let.doc

Enclosure

cc: M. Bowman
L. Vasse
B. Allen



The WCM Group, Inc.

April 16, 2008

Mr. John Racanelli
Revenue Section (MC-214)
Texas Commission on Environmental Quality
12100 Park 35 Circle, Building F, Room 1206
Austin, Texas 78753

LONE STAR
AIRBILL NUMBER
40402901

Reference: CES Environmental Services, Inc.
Houston, Harris County, Texas
Registration of Permit-By-Rule §106.261
CN600618946; RN100693282

Dear Mr. Racanelli:

On behalf of CES Environmental Services, Inc. (CES), please find, enclosed, a check in the amount of \$100 to cover the fee for the above referenced Permit-By-Rule (PBR) registration. A copy of the PI-7-CERT Form is also enclosed.

If you have questions regarding this registration, or require further information, please do not hesitate to contact Mr. Matt Bowman of CES at (713) 676-1460, or me directly at (281) 446-7070.

Sincerely,

Philip B. Evans
Director, Technical Services

PBE/tv
26927:5330010.let.doc

Enclosure

cc: M. Bowman
L. Vasse
B. Allen

**THE WCM GROUP INC.
PETTY CASH ACCOUNT**

P.O. BOX 3247
HUMBLE, TX 77347-3247



1392

DATE April 16, 2008

32-75/1110
787

PAY ONE HUNDRED DOLLARS AND NO/100 DOLLARS \$ 100.00

TO
THE
ORDER
OF

TCEQ

**TWO SIGNATURES REQUIRED
NO CHECKS ALLOWED OVER \$5,000.00**

Susan C. Howell
[Signature]

⑈001392⑈

(b) (6)

THE WCM GROUP INC.
PETTY CASH ACCOUNT
HUMBLE, TX 77347-3247

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW
IF NOT CORRECT, PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED

DATE	DESCRIPTION	AMOUNT
4/16/08	CES PBR REGISTRATION FEE CES-HOU-PBR	\$ 100.00

A2

EPAHO043000657

**PERMIT-BY-RULE AUTHORIZATION FOR
SIB WASTEWATER TREATMENT PROCESS**

**Prepared for
CES ENVIRONMENTAL SERVICES, INC.
Houston, Harris County, Texas**

TABLE OF CONTENTS

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1.0 PROCESS DESCRIPTION	1
2.0 EMISSIONS SUMMARY	2

ATTACHMENTS

A - EMISSION CALCULATIONS

FORMS

TCEQ PI-7CERT FORM

TCEQ §106.4 CHECKLIST

TCEQ §106.261 CHECKLIST

TCEQ §106.262 CHECKLIST

TCEQ §106.472 CHECKLIST

FIGURES

1 - AREA MAP

2 - FACILITY SITE PLAN

3 - PROCESS FLOW DIAGRAM

INTRODUCTION

CES Environmental Services, Inc. (CES) operates tank container cleaning and wastewater treatment facilities at 4904 Griggs Road in Houston, Harris County, Texas (CN600618946, RN100693282) under Texas Commission on Environmental Quality (TCEQ) Permit Exemption No. 15980 and subsequent Permits-By-Rule (PBRs) Registration No. 75375, 83191 and 83798.

CES is submitting the enclosed documentation to demonstrate PBR authorization for the treatment and processing of a wastewater stream containing sulfurized isobutylene at the site. Sulfurized isobutylene wastewater (SIB) is transported to the facility in a truck tank and is pumped into a treatment tank. The SIB undergoes oxidization and acidification then chemical additions to precipitate metals, reduce BOD and suspended solids. Operational details on this operation are found in the *Process Description* section of this registration.

CES is located in the Houston/Galveston ozone nonattainment area and is classified as a minor source for Volatile Organic Compound (VOC) emissions. The emissions increase associated with this project is calculated as 0.38 tons per year (tpy) of VOC. As a result, the project does not trigger nonattainment netting.

A PI-7-CERT Form with TCEQ §106.4, §106.261 §106.262 and §106.472 Checklists are provided in the Forms section of this report. Emission calculations are provided in Attachment A. A topographic map, facility site plan, and process flow diagram are included in the Figures section.

1.0 PROCESS DESCRIPTION

Sulfurized isobutylene wastewater (SIB) is transported to the facility in a truck tank. This wastewater mixture is composed of water with sulfurized isobutylene and sodium salts of sodium sulfide and sodium hydroxide. The SIB mixture undergoes oxidization, acidification and chemical additions to precipitate metals and suspended solids. The material is then filtered for solid and wastewater disposal.

The percent ranges of the constituents of the received wastewater mixture are as follows: Water at 85-95%; Sulfurized Isobutylene sulfur compound at <5%; Sodium Sulfide at 1-5%; Sodium Hydrosulfide at 2-5%. The wastewater mixture is received via tank truck or isocontainer and transferred into a 10,000-gallon wastewater treatment tank (T1) using a tank-to-tank vapor exchange. Several treatment steps occur in this tank. The first stage is oxidization of the isobutylene and sulfides with a 10% solution of hydrogen peroxide fed at a controlled rate into the treatment tank. This slow transfer rate minimizes the heat of reaction and ensures the complete oxidation of the isobutylene and sulfide compound. The 10% hydrogen peroxide solution is pumped from a 550-gallon dilution tank (H2) supplied by a larger 5,500-gallon tank (H1) storing 35% hydrogen peroxide. Both tanks vent to a water scrubber. The second treatment stage is acidification by introduction of sulfuric acid (97%) to reduce the pH from 10 su to the pH 5.0 su to facilitate solids precipitation. Sulfuric acid is supplied from a small 1,000-gallon storage tank (S).

A vapor collection system using two 24 cfm vacuum pumps draws a negative pressure across the treatment tank capturing all vapors emitted from the transfer processes, the oxidation process and the acidification process. The vapors route to a caustic scrubber vessel where they are diffused into a sodium hydroxide solution. This scrubber then vents to the existing facility scrubber header system that consists of an 85-gallon knockout tank, two in-series 10% caustic and 5% bleach towers then finally a deodorizer tower. The vapor is exhausted with a 10 hp blower through the 30-feet tall vent stack. The overall emission control efficiency of the system is 98%.

The final stages of wastewater treatment involve the addition of ferric chloride, calcium hydroxide and anionic polymer solutions to create a filtrate ready for disposal. The vessel is then mixed thoroughly. The final treatment step is the addition of an anionic polymer. With proper agitation, this final stage of chemical treatment creates the large flocculent that precipitates out solids and reduces BOD.

The precipitated mixture now moves to a sludge tank (ST) then through a filter press. The sludge tank vents to the existing facility scrubber system. The filtrate water from the press is discharged via pipeline to an off-site POTW. The solids from the filter press are transferred into a solids bin for proper classification and disposal.

2.0 EMISSIONS SUMMARY

Emissions from the SIB wastewater processing are calculated from tank losses due to material transfers. All volatile materials are vented through a caustic scrubber. Fugitive emissions from potential leaks at valves, pumps, and connections associated with this project are calculated using the methods and emission factors specified in the TCEQ document "Air Permit Technical Guidance for Chemical Sources: Equipment Leak Fugitives". Reduction credit is taken for operations personnel monitoring the operations for leaks that can be detected with audible, visible or olfactory means. The total project increase of volatile organics is 0.38 tpy, well below the level requiring non-attainment or PSD review.

PERMIT-BY-PRULE APPLICABILITY

SUMMARY OF PROJECT CHEMICALS

CAS No.	Chemical	PBR
115-11-7	Isobutylene	106.261
772-84-1	Hydrogen peroxide	106.262
1313-82-2	Sodium Sulfide	106.472
16721-80-5	Sodium Hydrosulfide	106.472
7664-93-9	Sulfuric Acid solution	106.472
7705-08-0	Ferric chloride	106.472 / 106.532
1305-62-0	Calcium hydroxide	106.472 / 106.532
---	Polymer solution	106.532
---	Wastewater	106.532

SUMMARY OF PROJECT EQUIPMENT

Status	FIN	Description	Project Use	PBR
new	T1	10,000-gal capacity Vert Fixed Roof Tank	Treatment Tank	106.472 (2), 106.532
new	CSV	Caustic diffuser scrubber vessel	vent control	106.261/106.262
new	H1	5,500-gal capacity Horz Fixed Roof Tank	Hydrogen Peroxide 35% storage	106.262
new	H2	550-gal capacity tote	Hydrogen Peroxide 10% storage	106.262
new	S	220-gal capacity Vert Fixed Roof vessel	Sulfuric Acid Storage	106.472 (5)
new	F	600-gal capacity Vert Fixed Roof Tank	Ferric chloride storage	106.472 (3)/106.532
existing	C	4,000-gal capacity Vert Fixed Roof Tank	calcium hydroxide	106.472 (3)/106.532
N/A	P	55-gal drum	Polymer solution storage	106.532
existing	ST	sludge tank	Waste Water separation	106.532

ATTACHMENT A
EMISSION CALCULATIONS

SUMMARY OF EMISSIONS AND PBR APPLICABILITY DOCUMENTATION

PBR 106.472

Chemical	Storage		Fugitives		Total	
	lb/hr	TPY	lb/hr	TPY	lb/hr	TPY
Sodium Sulfide	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Sodium Hydrosulfide	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Sulfuric Acid	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Ferric chloride	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
calcium hydroxide	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Neutralization salts	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000

PBR 106.261 / 106.262

Chemical	Storage		Fugitives		Total	
	lb/hr	TPY	lb/hr	TPY	lb/hr	TPY
Isobutylene	0.1147	0.3831	0.0000	0.0001	0.1147	0.3832
Hydrogen peroxide	0.0004	0.0002	0.0011	0.0047	0.0015	0.0049
					0.1162	0.3882
						TOTAL

PBR Compliance

Chemical	Applicable PBR	TLV mg/m ³	PBR Allowable		PBR Compliance	
			lb/hr	TPY	lb/hr	TPY
Isobutylene	106.261	-	1.00	10.0	YES	YES
Hydrogen peroxide	106.262	1.4	0.009	5.0	YES	YES

PBR Allowables:

106.261 lb/hr ton/yr
 1.0 10.0

106.262 E=L/K 5.0

L = TLV (mg/m³)

K = 157 ,receptor distance > 270 ft

TANK EMISSION CALCULATIONS

	Tank ID:	T1	H1	H2	S	F	C	ST
	Material:	Sulfurized Isobutylene	Hydroxide Peroxide 35%	Hydrogen Peroxide 10%	Sulfuric Acid	Ferric Chloride	Calcium Hydroxide	Sludge/Treated Wastewater
Annual Throughput, gal/yr	Q =	832,000	582,400	499,200	45,760	6,240	104,000	1,493,440
Max Hourly Transfer Rate, gal/hr	FR =	4,000	1,100	550	50	50	50	50
Emissions:								
Maximum Hourly Emissions, lb/hr	Lmax =	0.13528	0.00212	0.00150	0.00000	0.01551	0.01389	0.00000
Total Annual Emissions, TPY	Lt =	0.45200	0.01822	0.00041	0.00000	0.00095	0.01052	0.00000
Annual Average Hourly Emis, lb/hr	Lavg =	0.103	0.004	0.00009	0.000	0.000	0.002	0.000
Standing loss, lb/yr	Ls =	19.011	3.293	0.072	0.000	0.871	5.626	0.000
Working loss, lb/yr	Lw =	884.993	33.143	0.748	0.000	1.032	15.404	0.000
Material Properties:								
Molecular Weight, lb/lb-mole	Mv =	42.42	6.87	8.08	98.07	18.00	18.00	0.00
Vapor Pressure @ T1a, psia	Pva =	1.05	0.35	0.39	0.00	0.39	0.35	0.00
Vapor Pressure @ T1n, psia	Pvn =	0.93	0.29	0.33	0.00	0.33	0.29	0.00
Vapor Pressure @ T1x, psia	Pvx =	1.19	0.41	0.46	0.00	0.46	0.41	100.00
Max. Vapor Pressure @ mT1x, psia	Pvmax =	1.67	0.59	0.71	0.00	0.72	0.65	0.00
Tank Properties:								
Vapor control device		scrubber	scrubber	scrubber	scrubber	none	none	scrubber
Vapor control efficiency, %	e =	98	98	98	98	0	0	98
Capacity volume, gal	Cv =	9,975	5,398	547	940	595	4,230	940
Shell Diameter, ft	D =	8.5	8.3	4.5	4.0	4.5	12.0	4.0
Shell Height/Length, ft	Hs =	23.5	13.5	4.6	10.0	5.0	5.0	10.0
Tank Orientation (vertical or horizontal)		vert	horiz	vert	vert	vert	vert	vert
Roof type (cone or dome)		cone	N/A	cone	cone	cone	cone	cone
Tank Color (white, light gray, other)		white	white	white	white	white	white	white
Solor absorbance factor	a =	0.17	0.17	0.17	0.17	0.17	0.17	0.17
Pressure vent setting, psig	Pbp =	0.3	0	0.3	0	0	0	0
Vacuum vent setting, psia	Pbv =	-0.3	0	-0.3	0	0	0	0
Effective diameter, ft	De =	8.5	11.9	4.5	4.0	4.5	12.0	4.0
Avg. Liquid Height, ft	Hi =	11.8	4.1	2.3	5.0	2.5	2.5	5.0
Max. Liquid Height, ft	Hlx =	23.5	8.3	4.6	10.0	5.0	5.0	10.0
Roof Outage, ft	Hro =	0.00	0.00	0.05	0.04	0.05	0.13	0.04
Vapor Space Outage, ft	Hvo =	11.75	4.13	2.35	5.04	2.55	2.63	5.04
Vapor space volume, ft ³	Vv =	666.75	459.65	37.33	63.36	40.51	296.88	63.36

EPAHQ043000667

Operating Conditions (Houston, Tx):

Atmospheric pressure, psia	Pa =	14.7	14.7	14.7	14.7	14.7	14.7	14.7
Annual Avg. Daily solar insulation factor, Btu/ft^2 day	I =	1351	1351	1351	1351	1351	1351	1351
Annual Avg. Daily max. ambient temp, R	Tax =	539.1	539.1	539.1	539.1	539.1	539.1	539.1
Annual Avg. Daily min. ambient temp, R	Tan =	517.4	517.4	517.4	517.4	517.4	517.4	517.4
Annual Avg. Daily vapor temp. range, R	^Tv =	22.1	22.1	22.1	22.1	22.1	22.1	22.1
Annual Daily avg. liquid surface temp, R	Tla =	530.1	530.1	520.0	530.1	530.1	530.1	530.1
Annual Avg. Daily min. liquid surface temp., R	Tln =	524.6	524.6	515.0	524.6	524.6	524.6	524.6
Annual Avg. Daily max. liquid surface temp., R	Tlx =	535.6	535.6	525.0	535.6	535.6	535.6	535.6
Highest Month Daily solar insulation factor, Btu/ft^2 day	ml =	1898	1898	1898	1898	1898	1898	1898
Highest Month Daily max. ambient temp, R	mTax =	553.6	553.6	553.6	553.6	553.6	553.6	553.6
Highest Month Daily min. ambient temp, R	mTan =	532.5	532.5	532.5	532.5	532.5	532.5	532.5
Highest Month Daily vapor temp. range, R	m^Tv =	24.2	24.2	24.2	24.2	24.2	24.2	24.2
Highest Month Daily max. liquid surface temp., R	mTlx =	551.7	551.7	525.0	551.7	551.7	551.7	551.7
Gas Constant, psia-ft^3/lb mole-R	R =	10.73	10.73	10.73	10.73	10.73	10.73	10.73
Vapor Density, lb/ft^3	Wv =	0.008	0.000	0.001	0.000	0.001	0.001	0.000
Daily vapor pressure range, psia	^Pv =	0.257	0.124	0.134	0.000	0.131	0.117	100.000
Vapor space expansion factor	Ke =	0.016	0.050	0.010	0.042	0.051	0.050	6.844
Vented vapor saturation factor	Ks =	0.604	0.929	0.954	1.000	0.950	0.954	1.000
Working Loss Product Factor	Kp =	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Turnovers	N =	83.41	107.89	912.22	48.68	10.49	24.59	1588.83
Turnover factor	Kn =	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Operating Days, days/yr	Days =	365	365	365	365	365	365	365

TANK EMISSION SPECIATION

Stream	Tank ID: EPN:	T1		H1		H2		S		F		C		ST	
		T1		H1		H2		S		F		C		ST	
wt frac.		lb/hr	TPY	lb/hr	TPY	lb/hr	TPY	lb/hr	TPY	lb/hr	TPY	lb/hr	TPY	lb/hr	TPY
Isobutylene	0.8476	0.1147	0.3831												
Sodium Sulfide(salt)	0.0000	0.0000	0.0000												
Sodium Hydrosulfide (salt)	0.0000	0.0000	0.0000												
Water	0.1524	0.0206	0.0689												
Hydrogen Peroxide 35%	0.0463			0.0001	0.0001										
Hydrogen Peroxide 10%	0.2191					0.0003	0.0001								
Sulfuric Acid	1.0000							0.0000	0.0000						
Ferric Chloride solution	0.0000									0.0000	0.0000				
water	1.0000									0.0155	0.0439				
Calcium Hydroxide	0.0000											0.0000	0.0000		
Water	1.0000											0.0139	0.0105		
Neutralization salts	0.0000													0.0000	0.0000
Water	0.0000													0.0000	0.0000

Speciation	lb/hr	TPY
Isobutylene	0.1147	0.3831
Sodium Sulfide(salt)	0.0000	0.0000
Sodium Hydrosulfide (salt)	0.0000	0.0000
Hydrogen Peroxide	0.0004	0.0002
Sulfuric Acid	0.0000	0.0000
Ferric Chloride solution	0.0000	0.0000
Calcium Hydroxide	0.0000	0.0000
Neutralization salts	0.0000	0.0000
Water	0.0500	0.1233

FUGITIVE EMISSION ESTIMATES

MATERIAL	FIN	VP (psia)	Liquid wt frac.	Stream Type LL,HL,G/V	Valves	lbs/hr	Flanges	lbs/hr	Gas/Vapor		Gas/Vapor		Pumps	lbs/hr	Relief		Agitator	lbs/hr	Total lb/hr	EMISSIONS	
									Valves	lbs/hr	Flanges	lbs/hr			Valves	lbs/hr				Agitator	(lb/hr)
Isobutylene	T1	1.67428	0.0500	LL	8	0.00084	22	0.00033	0	0	0	0	1	0.002702	1	0.006879	1	0.000015	0.0005	0.0000	0.0001
Hydrogen peroxide 30%	H1	0.58773	0.3000	LL	8	0.00084	20	0.0003	0	0	0	0	1	0.002702	1	0.006879	0	0	0.0032	0.0010	0.0042
Hydrogen peroxide 10 %	H2	0.70865	0.1000	LL	16	0.00168	44	0.00066	0	0	0	0	1	0.002702	1	0.006879	1	0.000015	0.0012	0.0001	0.0005
																				0.0011	0.0049

Speciation	Total	
	lb/hr	TPY
Isobutylene	0.0000	0.0001
Hydrogen peroxide	0.0011	0.0047
Total	0.0011	0.0049

Total is multiplied by liquid weight fraction
365 days in service

Monitoring is performed in accordance with TCEQ AVO.

SOCMI Factors	Valves	Flanges	G/V, Vlv	G/V, Flng	Pumps	Relief Vlv	Agitator
Light Liquid (LL)	0.0035	0.0005	--	--	0.0386	--	0.0005
Gas / Vapor (G/V)	--	--	0.0089	0.0029	--	0.2293	--
Heavy Liquid (HL)	0.0007	0.00007	--	--	0.0161	--	0.00007
LL, G/V - Efficiency (%)	97	97	97	97	93	97	97
HL - Efficiency (%)	0	0	30	30	0	0	0

* Per TNRRCC guidance, fugitive emissions are not estimated for materials with vapor pressure < 0.002 psia.

FORMS



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

I. REGISTRANT INFORMATION			
A. TCEQ Customer Reference Number:		CN-600618946	TCEQ Regulated Entity Number:
			RN-100693282
<i>Note: If "NO," CN or RN number was entered above; please fill out the required Core Data Form, which will be available in Step II of the submittal process.</i>			
B. Company or Other Legal Customer Name: CES Environmental Services, Inc.			
Company Official Contact Name: Matt Bowman		Title: President	
Mailing Address: 4904 Griggs Rd.			
City: Houston		State: TX	Zip Code: 77021
Phone No.: (713) 676-1460	Fax No.: (713) 676-1676	E-mail Address: mbowman@cesenvironmental.com	
C. Technical Contact Name: Philip Evans			
Company: The WCM Group, Inc.			
Mailing Address: 110 Bender Ave			
City: Humble		State: TX	Zip Code: 77336
Phone No.: (281) 446-7070	Fax No.: (281) 446-3348	E-mail Address: pevans@wcmgroup.com	
D. Facility Location Information - Street Address: 4904 Griggs Rd.			
<i>If "NO," street address, provide written driving directions to the site: (attach description if additional space is needed)</i>			
City: Houston		County: Harris	Zip Code: 77021
II. FACILITY AND SITE INFORMATION			
A. Name and Type of Facility: CES Environmental Services Inc.			X Permanent <input type="checkbox"/> Portable
B. PBR claimed under 30 TAC § 106 (List all):			
§ 106.261		§ 106.532	
§ 106.262		§ 106.	
§ 106.472		§ 106.	
Are you claiming a historical standard exemption or PBR?			<input type="checkbox"/> YES X NO
<i>If "YES," enter effective date and Rule Number:</i>			
C. Are you registering a grandfathered facility? If "YES," attach documentation of construction date:			<input type="checkbox"/> YES X NO
D. Is there a previous Standard Exemption or PBR for the facility in this registration? (Attach details regarding changes)			X YES <input type="checkbox"/> NO
<i>If "YES," enter Registration Number and Rule Number:</i>		75375, 83191	261/262
E. Are there any other facilities at this site which are authorized by an Air Standard Exemption or PBR?			<input type="checkbox"/> YES X NO
<i>If "YES," enter Registration Number and Rule Number:</i>			
F. Are there any other air preconstruction permits at this site?			<input type="checkbox"/> YES X NO
<i>If "YES," enter Permit Numbers:</i>			
G. Is this site required to obtain an air federal operating permit?			<input type="checkbox"/> YES X NO
<i>If "YES," enter Permit Number:</i>			
H. TCEQ Account Identification Number (if known):		HG-1270-B	



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

III. FEE INFORMATION

To determine if a fee is required answer the following question. If "YES," to question III. A., a fee is not required, skip to Section IV. If "NO," to answer II. A., then go to Section III. B. See Section VI. for address to send fee or go to www.2.tceq.state.tx.us/epay to pay online.

A. Is this registration an update to a previously registered facility and accompanied by a Certification Form solely to establish a federally enforceable emission limit?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. What is the fee amount? <i>If "YES," to any of the following three questions, a \$100 fee is required. Otherwise, a \$450 fee is required.</i>	
Does this business have less than 100 employees?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Does this business have less than 1 million dollars in annual gross receipts?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Is this registration submitted by a governmental entity with a population of less than 10,000?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. Check/Money Order or Transaction Number (Payable to TCEQ):	Was fee Paid online? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Company name of check:	Fee amount: \$100

IV. SELECTED FACILITY REVIEWS ONLY—TECHNICAL INFORMATION

Note: If claiming one of the following PBRs, complete this section, then skip to Section VI., "Submitting your registration" below:

Animal Feeding Operations § 106.161 Livestock Auction Facilities § 106.162 Saw Mills § 106.223
Grain Handling, Storage and Drying § 106.283 Auto Body Refinishing Facilities § 106.436 Air Curtain Incinerator § 106.496

A. Is the applicable PBR checklist attached which shows the facility meets all general and specific requirements of the PBR(s) being claimed? <i>(If submitting electronically, click "YES".)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Distance from this facility's emission release point to the nearest property line:	feet
Distance from this facility's emission release point to the nearest off-property structure:	feet

V. TECHNICAL INFORMATION INCLUDING STATE AND FEDERAL REGULATORY REQUIREMENTS

Registrants must be in compliance with all applicable state and federal regulations and standards to claim a PBR.

A. Is Confidential information submitted and properly marked "CONFIDENTIAL" with this registration?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. Is a process flow diagram or a process description attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. Are emissions data and calculations for this claim attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
D. Is information attached showing how the general requirements (30 TAC § 106.4) of the PBR is met for this Registration? <i>(PBR checklists may be used, but are optional)</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Note: Please be reminded that if the facilities listed in this registration are subject to the Mass Emissions Cap & Trade program under 30 TAC Chapter 101, Subchapter H, Division 3, the owner/operator of these facilities must possess NO_x allowances equivalent to the actual NO_x emissions from these facilities.

E. Is information attached showing how the specific PBR requirements are met for this registration? <i>(PBR checklist may be used, but are optional)</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
F. Distance from this facility's emission release point to the nearest property line:	100 feet
Distance from this facility's emission release point to the nearest off-property structure:	270 feet

Note: In limited cases, a map or drawing of the site and surrounding land use may be requested during the technical review or at the request of the TCEQ Regional Office or local air pollution control program during an investigation.



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

VI. SIGNATURE FOR CERTIFICATION AND REGISTRATION

The signature below indicates that the Responsible Official has knowledge of the facts herein set forth and that the same are true, accurate, and complete to the best of my knowledge and belief. By this signature, the maximum emission rates listed on this certification reflect the maximum anticipated emissions due to the operation of this facility and all representations in this certification of emissions are conditions upon which the facilities and sources will operate. It is understood that it is unlawful to vary from these representations unless the certification is first revised. The signature certifies that to the best of the Responsible Official's knowledge and belief, the project will satisfy the conditions and limitations of the indicated exemption or permit by rule and the facility will operated in compliance with all regulations of the Texas Commission on Environmental Quality and with Federal U.S. Environmental Protection Agency regulations governing air pollution. The signature below certifies that, based on information and belief formed after reasonable inquiry, the statements and information above and contained in the attached document(s) are true, accurate, and complete. **If you questions on how to fill out this form or about air quality permits. Please call 512/239-1250. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, call 512/239-3282.**

SIGNATURE: 

DATE: 4/16/08

VII. SUBMITTING COPIES OF THE CERTIFICATION AND REGISTRATION

Copies must be sent as listed below:

Processing delays may occur if copies are not sent as noted.

Who	Where	What
Air Permits Initial Review Team (APIRT)	Regular, Certified, Priority Mail MC161, P.O. Box 13087 Austin, Texas 78711-3087 Hand Delivery, Overnight Mail MC 161, 12100 Park 35 Circle, Building C, Third Floor Austin, Texas 78753 Fax No.: (512) 239-2123 (do not follow fax with paper copies)	Originals Form PI-7, Core Data Form. and all attachments
Revenue Section, TCEQ	Regular, Certified, Priority Mail MC 214, P.O. Box 13088 Austin, Texas 78711-3088 Hand Delivery, Overnight Mail MC 214, 12100 Park 35 Circle, Building A, Third Floor Austin, Texas 78753	Original Money Order or Check Copy of Form PI-7 and Core Data Form
Appropriate TCEQ Regional Office	To find your Regional Office address, go to the TCEQ Web site at www.tceq.state.tx.us , or call (512) 239-1250.	Copy of Form PI-7, Core Data Form, and all attachments.
Appropriate Local Air Pollution Control Program(s)	To Find your local or Regional Air Pollution Control Programs go to the TCEQ, APD Website at www.tceq.state.tx.us/nav/permits/air_permits.html or call (512) 239-1250	Copy of Form PI-7, Core Data Form, and all attachments.

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
AIR PERMITS DIVISION**

TITLE 30 TAC § 106.4 "QUICK-CHECK" APPLICABILITY CHECKLIST

Company Name: CES Environmental Services, Inc.
Checklist completed by: The WCM Group, Inc. Date: 04/09/2008
Facility Type: Tank Spot Vessel Cleaning & Waste Processing
Permit(s) by rule claimed: 30 TAC Chapter §106: 261, 262, 472, 532
Project Description (including equipment, materials, and brief process description):

This project installs a treatment tank and associated chemical storage vessels to process a sulfurized isobutylene wastewater stream through oxidation, acidification and chemical treatment. The settled solution is then separated for solid and liquid disposal.

CO	0.00	NO _x	0.00	VOC	0.38
PM	0.00	SO ₂	0.00	Other (H ₂ O ₂)	0.005

The following questions require a "Yes" or "No" answer to be indicated for this permit by rule claim:

A. Title 30 TAC § 106.4(a)(5): Current Permit by Rule Requirements

Yes ☒ No ☐ Have you checked to determine if this exempt project is being claimed under the current version of 30 TAC 106?
If "Yes", continue to next question. If "No", please contact the Air Permits Division for a copy of the current permit by rule to be claimed.

B. Title 30 TAC § 106.4(a)(7): Permit by rule prohibition check

Yes ☐ No ☒ Are there any air permits under the same account containing permit conditions which prohibit or restrict the use of permits by rule?
*If "No", continue to next question.
If "Yes", permits by rule may not be used or their use must meet the restrictions of the permit.
A new permit or permit amendment may be required.
List permit number(s): _____*

C. Title 30 TAC § 106.4(b): Circumvention check

Title 30TAC§ 106.4(b) states "No person shall circumvent by artificial limitations the requirements of§1 16.110 of this title (covering permitting)." Circumvention by artificial limitations may include but is not limited to:

- A. dividing a complete project into separate segments to circumvent §106.4(a)(1) limits;*
- B. claiming feed or production rates below the physical capacity of the project's equipment in order to begin constructing facilities before a permit or permit amendment is approved for full scale operations, particularly when the unit will not be economically viable at less than permitted capacity;*
- C. claiming a limited chemical list in order to begin constructing facilities before a permit or permit amendment is approved for additional chemicals, particularly when the unit will not be economically viable until the additional chemicals are authorized.*

Yes ☐ No ☒ Does your project meet any of the criteria listed above?
If "No", continue to next rule question. If "Yes", a permit by rule may not be claimed.

D. Title 30 TAC § 106.4(c) and (d): Compliance with all Rules

Yes ☒ No ☐ Will the facility comply with all rules and regulations of the TCEQ, the intent of the Texas Clean Air Act, and any local permitting or registration requirements? *If "Yes", continue to next rule question. If "No", a permit by rule may not be claimed.*

E. Title 30 TAC § 106.4(a)(1): Emission limits check

Yes ☒ No ☐ The maximum emissions from all facilities at the site, including this permit by rule claim, are less than 25 tpy of any contaminant.
If the answer to this questions is "Yes", no further review is needed to complete this checklist. Forward all information needed to verify your permit by rule claim to the . If "No", this checklist cannot be used. Please complete the standard 30 TAC § 106.4 Applicability Checklist.



Title 30 Texas Administrative Code § 106.261 **Permit By Rule (PBR) Checklist** **Facilities (Emission Limitations)**

Electronic Submittal - Only enter the PI-7 confirmation number here
Hard-Copy Submittal - Print and complete the following checklist.

if submitting electronically.

The following checklist is designed to help you confirm that you meet Title 30 Texas Administrative Code § 106.261 (30 TAC § 106.261) requirements. If you do not meet all the requirements, you may alter the project design or operation in such a way that all the requirements of the PBR are met or you may obtain a construction permit. The PBR forms, tables, checklists and guidance documents are available from the Texas Commission on Environmental Quality (TCEQ), Air Permits Division Web site at, www.tceq.state.tx.us/nav/permits/air_permits.html.

CHECK THE MOST APPROPRIATE ANSWER																																																			
Is a description or checklist of how this claim meets the general requirements for the use of PBRs in 30 TAC § 106.4 attached?			X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
b1	Is this claim for construction of a facility authorized in another section of this chapter or for which a standard permit is in effect? <i>If "YES," this PBR cannot be used to authorize emissions from the project</i>		<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A																																																
b2	Is this claim for any change to any facility authorized under another section of this chapter or authorized under a standard permit? <i>If "YES," this PBR cannot be used to authorize emissions from the project</i>		<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A																																																
a1	Are facilities or changes located at least 100 feet from any recreational area or residence or other structure not occupied or used solely by the owner or operator of the facilities or the owner of the property upon which the facilities are located?		X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
a2	Are total new or increased emissions, including fugitives, less than or equal to 6.0 pounds per hour (lb/hr) and ten tons per year of the following materials (check all that apply):		<input type="checkbox"/> YES <input type="checkbox"/> NO X N/A																																																
<table border="0"> <tr> <td><input type="checkbox"/> acetylene</td> <td><input type="checkbox"/> helium</td> <td><input type="checkbox"/> propyl ether</td> <td><input type="checkbox"/> limestone</td> </tr> <tr> <td><input type="checkbox"/> argon</td> <td><input type="checkbox"/> isohexane</td> <td><input type="checkbox"/> sulfur dioxide</td> <td><input type="checkbox"/> magnesite</td> </tr> <tr> <td><input type="checkbox"/> butane</td> <td><input type="checkbox"/> isopropyl alcohol</td> <td><input type="checkbox"/> alumina</td> <td><input type="checkbox"/> marble</td> </tr> <tr> <td><input type="checkbox"/> crude oil</td> <td><input type="checkbox"/> methyl acetylene</td> <td><input type="checkbox"/> calcium carbonate</td> <td><input type="checkbox"/> pentaerythritol</td> </tr> <tr> <td><input type="checkbox"/> carbon monoxide</td> <td><input type="checkbox"/> methyl chloroform</td> <td><input type="checkbox"/> calcium silicate</td> <td><input type="checkbox"/> plaster of paris</td> </tr> <tr> <td><input type="checkbox"/> cyclohexane</td> <td><input type="checkbox"/> methyl cyclohexane</td> <td><input type="checkbox"/> cellulose fiber</td> <td><input type="checkbox"/> silicon</td> </tr> <tr> <td><input type="checkbox"/> cyclohexene</td> <td><input type="checkbox"/> neon</td> <td><input type="checkbox"/> cement dust</td> <td><input type="checkbox"/> silicon carbide</td> </tr> <tr> <td><input type="checkbox"/> cyclopentan</td> <td><input type="checkbox"/> nonan</td> <td><input type="checkbox"/> emery dust</td> <td><input type="checkbox"/> starch</td> </tr> <tr> <td><input type="checkbox"/> ethyl acetate</td> <td><input type="checkbox"/> oxides of nitrogen</td> <td><input type="checkbox"/> glycerin mist</td> <td><input type="checkbox"/> sucrose</td> </tr> <tr> <td><input type="checkbox"/> ethanol</td> <td><input type="checkbox"/> propane</td> <td><input type="checkbox"/> gypsum</td> <td><input type="checkbox"/> zinc stearate</td> </tr> <tr> <td><input type="checkbox"/> ethyl ether</td> <td><input type="checkbox"/> propyl alcohol</td> <td><input type="checkbox"/> iron oxide dust</td> <td><input type="checkbox"/> zinc oxide</td> </tr> <tr> <td><input type="checkbox"/> ethylene</td> <td><input type="checkbox"/> propylene</td> <td><input type="checkbox"/> kaolin</td> <td></td> </tr> </table>				<input type="checkbox"/> acetylene	<input type="checkbox"/> helium	<input type="checkbox"/> propyl ether	<input type="checkbox"/> limestone	<input type="checkbox"/> argon	<input type="checkbox"/> isohexane	<input type="checkbox"/> sulfur dioxide	<input type="checkbox"/> magnesite	<input type="checkbox"/> butane	<input type="checkbox"/> isopropyl alcohol	<input type="checkbox"/> alumina	<input type="checkbox"/> marble	<input type="checkbox"/> crude oil	<input type="checkbox"/> methyl acetylene	<input type="checkbox"/> calcium carbonate	<input type="checkbox"/> pentaerythritol	<input type="checkbox"/> carbon monoxide	<input type="checkbox"/> methyl chloroform	<input type="checkbox"/> calcium silicate	<input type="checkbox"/> plaster of paris	<input type="checkbox"/> cyclohexane	<input type="checkbox"/> methyl cyclohexane	<input type="checkbox"/> cellulose fiber	<input type="checkbox"/> silicon	<input type="checkbox"/> cyclohexene	<input type="checkbox"/> neon	<input type="checkbox"/> cement dust	<input type="checkbox"/> silicon carbide	<input type="checkbox"/> cyclopentan	<input type="checkbox"/> nonan	<input type="checkbox"/> emery dust	<input type="checkbox"/> starch	<input type="checkbox"/> ethyl acetate	<input type="checkbox"/> oxides of nitrogen	<input type="checkbox"/> glycerin mist	<input type="checkbox"/> sucrose	<input type="checkbox"/> ethanol	<input type="checkbox"/> propane	<input type="checkbox"/> gypsum	<input type="checkbox"/> zinc stearate	<input type="checkbox"/> ethyl ether	<input type="checkbox"/> propyl alcohol	<input type="checkbox"/> iron oxide dust	<input type="checkbox"/> zinc oxide	<input type="checkbox"/> ethylene	<input type="checkbox"/> propylene	<input type="checkbox"/> kaolin	
<input type="checkbox"/> acetylene	<input type="checkbox"/> helium	<input type="checkbox"/> propyl ether	<input type="checkbox"/> limestone																																																
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<input type="checkbox"/> ethylene	<input type="checkbox"/> propylene	<input type="checkbox"/> kaolin																																																	
<input type="checkbox"/> refinery petroleum fractions (except for pyrolysis naphthas and pyrolysis gasoline) containing less than ten volume percent benzene <input type="checkbox"/> fluorocarbons Numbers 11, 12, 13, 14, 21, 22, 23, 113, 114, 115, and 116																																																			
a3	Are total new or increased emissions, including fugitives, less than or equal to 1.0 lb/hr of any chemical having a limit value (L) greater than 200 milligrams per cubic meter (mg/m ³) as listed and referenced in Table 262 of 30 TAC § 106.262 of this title (relating to Facilities (Emission and Distance Limitations)? List chemical: _____ L value: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO X N/A																																																
Are total new or increased emissions, including fugitives, less than or equal to 1.0 lb/hr of any chemical not listed or referenced in Table 262? List chemical: _____ isobutylene _____			X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																

<p>Are total new or increased emissions, including fugitives, of a chemical with a limit value of less than 200 mg/m³? If "Yes" the authorization of the chemical is not allowed under this section. We suggest you use 30 TAC §106.262 to authorize the emissions, if applicable.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
<p>a4 Are there any changes to or additions of any existing air pollution abatement equipment?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
<p>a5 Will there be any visible emissions, except uncombined water, emitted to the atmosphere from any point or fugitive source in amounts greater than 5.0% opacity in any six-minute period?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
<p>a6 Are emission increases five tons per year or greater? If "YES," this checklist must be attached to a Form PI-7 within ten days following the installation or modification of the facilities. The notification shall include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any.</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
<p>a7 Are emission increases less than five tons per year? If "YES," this checklist must be attached to a Form PI-7 and include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any. (pick one):</p> <p><input checked="" type="checkbox"/> Within ten days following the installation or modification of the facilities. The notification shall include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any; or</p> <p><input type="checkbox"/> By March 31 of the following year summarizing all uses of this permit by rule in the previous calendar year.</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A



Title 30 Texas Administrative Code § 106.262
Permit by Rule (PBR) Checklist
Facilities (Emission and Distance Limitations)

Electronic Submittal - Only enter the PI-7 confirmation number here if submitting electronically.

Hard-Copy Submittal - Print and complete the following checklist.

The following checklist is designed to help you confirm that you meet Title 30 Texas Administrative Code § 106.262 (30 TAC § 106.262) requirements. If you do not meet all the requirements, you may alter the project design or operation in such a way that all the requirements of the PBR are met or you may obtain a construction permit. The PBR forms, tables, checklists and guidance documents are available from the Texas Commission on Environmental Quality (TCEQ), Air Permits Division Web site at, www.tceq.state.tx.us/nav/permits/air_permits.html.

CHECK THE MOST APPROPRIATE ANSWER			
Is a description or checklist of how this claim meets the general requirements for the use of PBRs in 30 TAC § 106.4 attached?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
b1.	Is this claim for construction of a facility authorized in another section of this chapter or for which a standard permit is in effect? <i>If "YES," this PBR cannot be used to authorize emissions from the project.</i>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
b2.	Is this claim for any change to any facility authorized under another section of this chapter or authorized under a standard perm? <i>If "YES," this PBR cannot be used to authorize emissions from the project.</i>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
c.	Is the facility authorized under another section of this chapter or under a standard permit? <i>If "YES," subsection (a)(2) and (3) of this section may be used to qualify the use of other chemicals at the facility.</i>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
a1.	Are facilities or changes located at least 100 feet from any recreational area or residence or other structure not occupied or used solely by the owner or operator of the facilities or the owner of the property upon which the facilities are located?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
a2.	Are new or increased emissions, including fugitives, emitted in a quantity less than five tons per year or in a quantity less than E as determined by using the equation $E=L/K$? See Table 262 Figures 1 and 2. <i>If "YES," the notification shall include a description of the project, calculations for all emissions being claimed under this PBR:</i>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
Chemical: <u>hydrogen peroxide</u> L value: <u>1.4</u> D: <u>270</u> K: <u>157</u>			
a3.	Is this checklist attached to a Form PI-7 within ten days following the installation or modification of the facilities? <i>If "YES," the notification shall include a description of the project, calculations, and data identifying specific chemical names, L values, and a description of pollution control equipment, if any..</i>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
a4.	Are one or more of the following chemicals is handled for this registration? (Check all that apply) <i>If "YES," answer the following four questions.</i>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
<input type="checkbox"/> acrolein <input type="checkbox"/> allyl chloride <input type="checkbox"/> ammonia (anhydrous) <input type="checkbox"/> arsine <input type="checkbox"/> boron trifluoride <input type="checkbox"/> bromine <input type="checkbox"/> carbon disulfide <input type="checkbox"/> chlorine <input type="checkbox"/> chlorine dioxide <input type="checkbox"/> chlorine trifluoride <input type="checkbox"/> chloroacetaldehyde <input type="checkbox"/> chloropicrin <input type="checkbox"/> chloroprene		<input type="checkbox"/> diazomethane <input type="checkbox"/> diborane <input type="checkbox"/> diglycidyl ether <input type="checkbox"/> dimethylhydrazine <input type="checkbox"/> ethyleneimine <input type="checkbox"/> ethyl mercaptan <input type="checkbox"/> fluorine <input type="checkbox"/> formaldehyde (anhydrous) <input type="checkbox"/> hydrogen bromide <input type="checkbox"/> hydrogen chloride <input type="checkbox"/> hydrogen cyanide <input type="checkbox"/> hydrogen fluoride <input type="checkbox"/> hydrogen selenide	<input type="checkbox"/> hydrogen sulfide <input type="checkbox"/> ketene <input type="checkbox"/> methylamine <input type="checkbox"/> methyl bromide <input type="checkbox"/> methyl hydrazine <input type="checkbox"/> methyl isocyanate <input type="checkbox"/> methyl mercaptan <input type="checkbox"/> nickel carbonyl <input type="checkbox"/> nitric acid <input type="checkbox"/> nitric oxide <input type="checkbox"/> nitrogen dioxide <input type="checkbox"/> oxygen difluoride
		<input type="checkbox"/> ozone <input type="checkbox"/> pentaborane <input type="checkbox"/> perchloromethyl mercaptan <input type="checkbox"/> perchloryl fluoride <input type="checkbox"/> phosgene <input type="checkbox"/> phosphine <input type="checkbox"/> phosphorus trichloride <input type="checkbox"/> selenium <input type="checkbox"/> hexafluoride stibine <input type="checkbox"/> liquefied sulfur dioxide <input type="checkbox"/> sulfur pentafluorid <input type="checkbox"/> tellurium hexafluoride	



Title 30 Texas Administrative Code § 106.262
Permit by Rule (PBR) Checklist
Facilities (Emission and Distance Limitations)

Are all facilities are located at least 300 feet from the nearest property line and 600 feet from any off-plant receptor?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Are the cumulative amount of any of the following chemicals resulting from one or more authorizations under this section (but not including permit authorizations) less than or equal to 500 pounds on the plant property?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Are all listed chemicals handled only in unheated containers operated in compliance with the United States Department of Transportation regulation (49 Code of Federal Regulation, Parts 171-178)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Are any changes to or additions of any existing air pollution abatement equipment?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
a5. Are there any changes to or additions of any existing air pollution abatement equipment?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
a6. Will there be any visible emissions, except uncombined water, emitted to the atmosphere from any point or fugitive source in amounts greater than 5.0% opacity in any six-minute period?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

D, Feet	K	
100	326	E=maximum allowable hourly emission, and never to exceed 6 pounds per hour.
200	200	
300	139	
400	104	
600	65	
700	54	
800	46	K=value from the table on this page. (interpolate intermediate values)
900	39	
1,000	34	
2,000	14	D=distance to the nearest off-plant receptor
3,000 or more	8	

TABLE 262
LIMIT VALUES (L) FOR USE WITH EXEMPTIONS FROM PERMITTING § 106.262

The values are not to be interpreted as acceptable health effects values relative to the issuance of any permits under Chapter 116 of this title (relating to Control of Air Pollution by Permits for new Construction or Modification).

<u>Compound</u>	<u>Limit (L) Milligrams Per Cubic Meter</u>
Acetone	590.
Acetaldehyde	9.
Acetone	4.
Acetonitrile	34.
Acetylene	2662.
N-Amyl Acetate	2.7
Sec-Amyl Acetate	1.1
Benzene	3.
Beryllium and Compounds	0.0005
Boron Trifluoride, as HF	0.5
Butyl Alcohol,	76.
Butyl Acrylate	19.
Butyl Chromate	0.01
Butyl Glycidyl Ether	30.
Butyl Mercaptain	0.3
Butyraldehyde	1.4
Butyric Acid	1.8
Butyronitrile	22.
Carbon Tetrachloride	12.
Chloroform	10.
Chlorophenol	0.2
Chloroprene	3.6
Chromic Acid	0.01
Chromium Metal, Chromium II and III Compounds	0.1
Chromium VI Compounds	0.01
Coal Tar Pitch Volatiles	0.1
Creosote	0.1
Cresol	0.5
Cumene	50.
Dicyclopentadiene	3.1
Diethylaminoethanol	5.5
Diisobutyl Ketone	63.9
Dimethyl Aniline	6.4
Dioxane	3.6

<u>Compound</u>	<u>Limit (L) Milligrams Per Cubic Meter</u>
Nitropropane	5.
Octane	350.
Parathion	0.05
Pentane	350.
Perchloroethylene	33.5
Petroleum Ether	350.
Phenyl Mercaptan	0.4
Propionitrile	14.
Propyl Acetate	62.6
Propylene Oxide	20.
Propyl Mercaptan	0.23
Silica-amorphous-precipitated, silica gel	4.
Silicon Carbide	4.
Stoddard Solvent	350.
Styrene	21.
Succinonitrile	20.
Tolidin	0.02
Trichloroethylene	135.
Trinethylamine	0.1
Valeric Acid	0.34
Vinyl Acetate	15.
Vinyl Chloride	2.

NOTE: The time weighted average (TWA) threshold Limit Value (TLV) published by the American Conference of Governmental Industrial Hygienists (ACGIH), in its TLVs and BEIs guide (1997 Edition) shall be used for compounds not included in the table. The Short Term Exposure Level (STEL) or Ceiling Limit (annotated with a "C") published by the ACGIH shall be used for compounds that do not have a published TWA TLV. This section cannot be used if the compound is not listed in the table or does not have a published TWA TLV, STEL, or Ceiling Limit in the ACGIH TLVs and BEIs guide.



Texas Commission on Environmental Quality

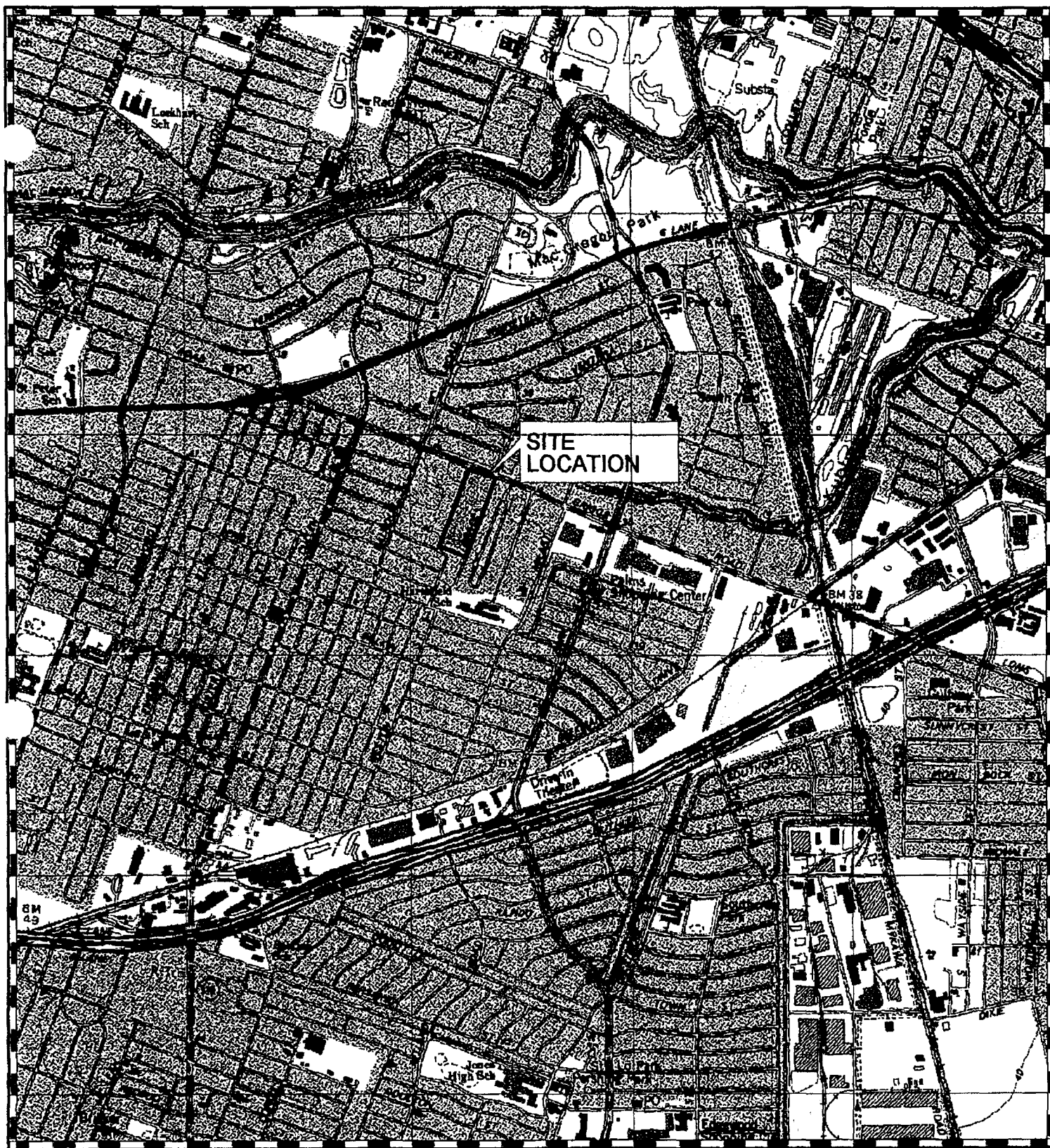
Exemption §106.472 Checklist (Previously Standard Exemption 51)

Organic Liquid Loading and Unloading

The following checklist is designed to help you confirm that you meet §106.472, previously Standard Exemption 51 (STDX 51), requirements. **Any "no" answers indicate that the claim of registration may not meet all requirements for the use of Exemption §106.472, previously Standard Exemption 51.** If you do not meet all the requirements, you may alter the project design/operation in such a way that all the requirements of the exemption are met, or obtain a construction permit.

<u>YES</u>	<u>NO</u>	<u>NA</u>	<u>DESCRIPTION</u>
<u>X</u>	—	—	Have you included a description of how this exemption claim meets the general rule for the use of exemptions (§106, Subchapter A checklist is available)?
<u>X</u>	—	—	Are all the facilities claimed for exemption specifically named in the general section of §106.472, previously STDX 51? (This exemption has been interpreted to allow mixing or blending but <u>not</u> chemical reaction in tankage.)
<u>X</u>	—	—	Is the equipment designed to prevent visible emissions?
<u>X</u>	—	—	Are all the chemicals to be loaded, unloaded, or stored described in §106.472, previously STDX 51(a) - (i)? Attach a list of the chemicals and identify the appropriate item of §106.472, previously STDX 51 that applies. Include additional supporting data. For example, a §106.472, previously STDX 51(i), claim should identify initial boiling points of all compounds to be covered.
—	—	<u>X</u>	Will aqueous ammonia solutions, hydrochloric acid, or acetic acid be vented through a water scrubber?
—	—	<u>X</u>	Are facilities loading, unloading, or storing butyric acid, isobutyric acid, methacrylic acid, mercaptans, croton oil, 2-methyl styrene, or any other compound with an initial boiling point of 300 degrees F or greater listed in 40 CFR 261, Appendix VIII, located at least 500 feet from any recreational area or residence or other structure not occupied or used solely by the owner or operator of the facility or the owner of the property upon which the facility is located? List these compounds and show their handling location on an attached scaled plot plan.

FIGURE 1
TOPOGRAPHIC MAP



1320 0 1320
1:24,000 1" = 2000 feet Feet



Reproduced from U.S. Topographic Quadrangle: Park
Place Texas; Zone 15

TOPOGRAPHIC MAP
CES ENVIRONMENTAL SERVICES, INC.
4904 GRIGGS ROAD
HOUSTON, HARRIS COUNTY, TEXAS



FIGURE

1

DRAWN BY: LLS DATE: 04-10-2008
FILE: H:\client-CES-Houston site.geo

EPAHO043000684

FIGURE 2
FACILITY SITE PLAN

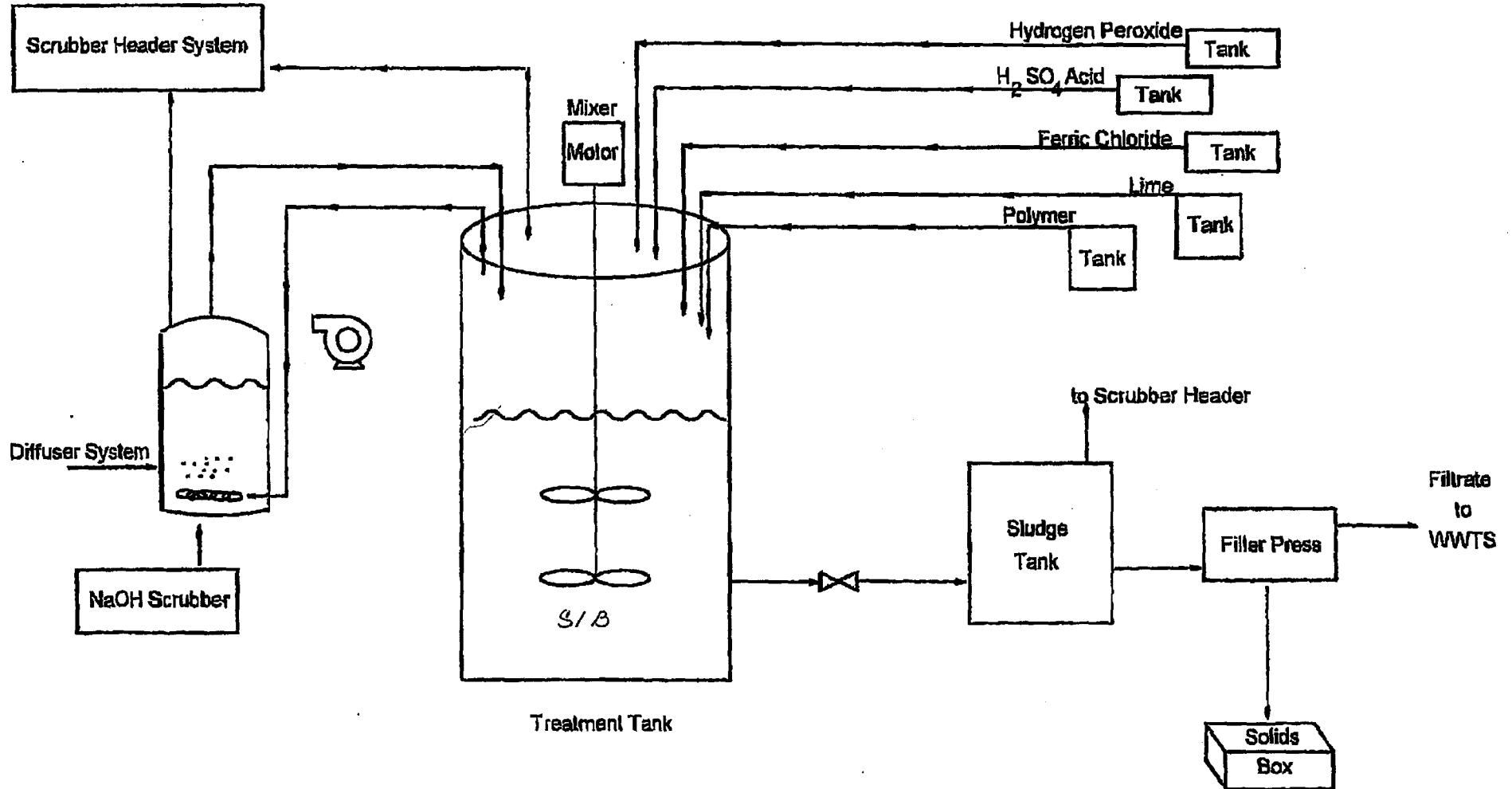
FIGURE 3
PROCESS FLOW DIAGRAM

CES Environmental Services, Inc .

SIB Rinse Water Treatment

Process Flow Diagram

March 28, 2008



Buddy Garcia, *Chairman*
Larry R. Soward, *Commissioner*
Bryan W. Shaw, Ph.D., *Commissioner*
Mark R. Vickery, P.G., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

October 3, 2008

MR MATT BOWMAN
PRESIDENT
CES ENVIRONMENTAL SERVICES INC
4904 GRIGGS RD
HOUSTON TX 77021

Standard Permit Registration Number:	86272
Renewal Date:	October 3, 2018
Location:	4904 Griggs Road
City/County:	Houston, Harris County
Project Description/Unit:	Thermal Oxidizer
Regulated Entity Number:	RN100693282
Customer Reference Number:	CN600618946
New or Existing Site:	Existing
Affected Permit (if applicable):	15980 and 83798
Standard Permit Type:	Pollution Control Project

CES Environmental Services Inc has registered the emissions associated with the installation and operation of a Thermal Oxidizer (EPN TO-1) under the standard permit listed above as authorized by the Commissioners pursuant to Title 30 Texas Administrative Code § 116.602 (30 TAC § 116.602). Emissions are listed on the attached table.

For rule information see www.tceq.state.tx.us/permitting/air/nav/standard.html.

You are reminded that 30 TAC § 116.615 requires that any construction or change authorized by this standard permit should be consolidated into the affected facilities' permit(s) at the next amendment or renewal.

No planned MSS emissions have been represented or reviewed for this registration and none will be authorized by this standard permit.

As of July 1, 2008, all analytical data generated by a mobile or stationary laboratory in support of compliance with air permits must be obtained from a NELAC (National Environmental Laboratory Accreditation Conference) accredited laboratory under the Texas Laboratory Accreditation Program or meet one of several exemptions. Specific information concerning which laboratories must be accredited and which are exempt may be found in 30 TAC §§ 25.4 and 25.6.

For additional information regarding the laboratory accreditation program and a list of accredited laboratories and their fields of accreditation, please see the following website:

http://www.tceq.state.tx.us/compliance/compliance_support/qa/env_lab_accreditation.html

Mr. Matt Bowman

Page 2

October 3, 2008

Re: Standard Permit Registration Number 86272

For questions regarding the accreditation program, you may contact the Texas Laboratory Accreditation Program at (512) 239-3754 or by email at labprgms@tceq.state.tx.us.

The company is also reminded that these facilities may be subject to and must comply with other state and federal air quality requirements. If you have questions, please contact Ms. Rahel Tadesse at (713) 767-3770. This action is taken under authority delegated by the Executive Director of the TCEQ.

Sincerely,

A handwritten signature in black ink, appearing to read 'Anne M. Inman', with a stylized, flowing script.

Anne M. Inman, P.E., Manager
Rule Registrations Section
Air Permits Division
Texas Commission on Environmental Quality

cc: Bureau Chief of Air Quality Control, Health and Human Services Department, City of Houston,
Houston
Director, Environmental Public Health Division, Harris County Public Health and Environmental
Services, Pasadena
Air Section Manager, Region 12 - Houston

Project Number: 141183

EPAHO043000690

Standard Permit Maximum Emission Rates Table
Permit Number 86272

The facilities and emissions included in this table have been represented and reviewed as the maximum emissions authorized by this standard permit registration.

Emission Point No.	Facility or Source Name	Air Contaminant*	Emission Rates	
			lb/hr	TPY
TO-01	Thermal Oxidizer	NO _x	0.42	<0.01
		CO	0.83	<0.01
		SO ₂	0.03	0.14

The maximum operating schedule represented for these facilities is:

hours/day	days/week	weeks/year	hours/year
24	7	52	8,760

- * VOC - volatile organic compounds
- PM - total particulate matter
- PM₁₀ - particulate matter equal to or less than 10 microns in size
- NO_x - total oxides of nitrogen
- CO - carbon monoxide
- SO₂ - sulfur dioxide

**Fugitive emissions are an estimate only and should not be considered as a maximum allowable.

PHE

The WCM Group, Inc.

FAX TRANSMITTAL PAGE**TO:** Mr. Donald D. Nelon**COMPANY:** TCEQ**CLIENT:** CES Environmental Services, Inc.**FROM:** Mr. Philip Evans**DATE SENT:** 9/26/2008**FAX NO:** 512-239-1300**PAGE:** 1 of *46***PROJ CODE:** CES-HOU-PBR**FAX NO:** (281) 446-3348**

5330016.fax.doc

COMMENTS: Air Standard Permit Registration

Dear Mr. Nelon:

Please find attached an Air Standard Permit Registration to authorize a voluntary pollution control project pursuant to 30 TAC 116.617. On behalf of CES Environmental Services, Inc., we respectfully request an expedited review.

Thank you,

Philip Evans

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the address below via the U.S. Postal Service. Thank you.

5330016.fax.doc

****Call (281) 446-7070 immediately if copy is incomplete or illegible when received and ask for Fax operator.**

P.O. BOX 3247, Humble, TX 77347-3247 Tel (281) 446 - 7070 Fax: (281) 446 - 3348 9802 FM 1960 Bypass, Suite 200, Humble, TX 77338

EPAHO043000692

Confirmation Report - Memory Send

Page : 001
Date & Time: 09-26-08 03:17pm
Line 1 : +281 446 3348
Machine ID : WCM GROUP INC.

Job number : 606
Date : 09-26 03:09pm
To : 15122391300-533
Number of pages : 046
Start time : 09-26 03:09pm
End time : 09-26 03:17pm
Pages sent : 046
Status : OK

Job number : 606

*** SEND SUCCESSFUL ***

TRANSMITTAL APPROVAL *PBE*



The WCM Group, Inc.

FAX TRANSMITTAL PAGE

TO: Mr. Donald D. Nelson
COMPANY: TCEQ
CLIENT: CES Environmental Services, Inc.
FROM: Mr. Phillip Evans
DATE SENT: 9/26/2008

FAX NO: 512-239-1300
PAGE: 1 of
PROJ CODE: CES-HOU-PBR
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**Call (281) 446-7070 immediately if copy is incomplete or illegible when received and ask for Fax operator.

P.O. BOX 3247, Humble, TX 77347-3247 Tel: (281) 446-7070 Fax: (281) 446-3348 6602 FM 1980 Bypass, Suite 200, Humble, TX 77336

EPAHO043000693



The WCM Group, Inc.

September 26, 2008

Mr. Donald D. Nelon
Air Permits Initial Review Team (APIRT) MC-161
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
12100 Park 35 Circle
Austin, TX 78753

Reference: Air Standard Permit Registration
CES Environmental Services, Inc.
CN600618946; RN100693282
4904 Griggs Road
Houston, Harris County, Texas

Dear Mr. Nelon:

On behalf of CES Environmental Services, Inc. (CES), please find enclosed documentation authorizing the operation of a Thermal Oxidizer under Standard Permit No. 6001. The unit is being installed voluntarily as an additional measure to mitigate potential odors in the existing oil processing area currently authorized under Permit-By-Rule Registration No. 83798.

The signed PI-1S and a check for \$900 will be sent under separate cover. If you have questions regarding this registration, or require further information, please do not hesitate to contact Mr. Mat Bowman of CES at (713) 676-1460, or me directly at (281) 446-7070.

Sincerely,

Philip B. Evans
Director, Technical Services

PBE/tv
27179:5330016.let.doc

Enclosure

cc: M. Bowman
L. Vasse
B. Allen

AIR STANDARD PERMIT
THERMAL OXIDIZER

Prepared for
CES ENVIRONMENTAL SERVICES INC.
Houston, Harris County, Texas

Prepared by
THE WCM GROUP, INC.
Humble, Texas

September 2008

EPAHO043000695

AIR STANDARD PERMIT

THERMAL OXIDIZER

**Prepared for
CES ENVIRONMENTAL SERVICES INC.
Houston, Harris County, Texas**

TABLE OF CONTENTS

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INTRODUCTION.....	ii
1.0 PROCESS DESCRIPTION	1
2.0 EMISSIONS SUMMARY	2

FORMS

TCEQ PI-1S FORM

TCEQ CHECKLIST §116.617

TCEQ TABLE 1(a)

FIGURES

- 1 - AREA MAP
- 2 - FACILITY PLOT PLAN
- 3 - THERMAL OXIDIZER PLAN VIEW

ATTACHMENTS

- A - EMISSION CALCULATIONS
- B - THERMAL OXIDIZER VENDOR INFORMATION

INTRODUCTION

CES Environmental Services Inc. (CES) operates a tank container cleaning and oil processing facility at 4904 Griggs Road in Houston, Harris County, Texas (CN600618946, RN100693282) under Texas Commission on Environmental Quality (TCEQ) Permit Exemption No. 15980 and a series of Permits-By-Rule (PBRs).

CES is submitting the enclosed documentation to authorize the installation and operation of a regenerative thermal oxidizer in the oil processing area. The unit is being installed voluntarily as an additional measure to mitigate potential odors. The oil processing area processes oil received from off-site to remove water, light ends and other impurities. The thermal oxidizer will provide additional odor abatement as needed for the transfer, storage and distillation equipment associated with the process.

CES is located in the Houston/Galveston ozone nonattainment area and is classified as a minor source for Volatile Organic Compound (VOC) emissions. PBR Registration No. 83798 previously authorized the VOC emissions that provide the potential loading for the thermal oxidizer. The combustion emissions include nitrogen oxides (NO_x) of 0.002 tons per year and carbon monoxide (CO) of 0.004 tons per year. The project is not major by itself and does not result in reclassification of the site as a major source.

A PI-1S Form and Table 1(a) are provided in the Forms section of this report. A site location map, facility plot plan, and thermal oxidizer plan view are included in the Figures section. Emission calculations are provided in Attachment A.

1.0 PROCESS DESCRIPTION

The regenerative thermal oxidizer is an Anguil Environmental Systems, Inc. Unit Model AES-9859. It is designed to raise the temperature sufficient to oxidize the volatile organic compounds converting them to carbon dioxide and water vapor. The 95% destruction efficiency is achieved by maintaining the minimum temperature required in the oxidation chamber over a prescribed amount of time.

During operation, the system fan draws the vent stream through the ceramic packing where it is heated then into the burner chamber supplies additional heat to elevate the vent stream to the VOC oxidizing temperature. The vent stream passes into the oxidation chamber where the VOC are converted to carbon dioxide and water vapor. The hot purified air then passes through the exit bed of the ceramic packing. Finally, the contaminant-free air is exhausted into the atmosphere with the system fan. After the entry bed cools sufficiently and the exit bed heats sufficiently, automatic valving is used to switch the direction of flow through the oxidizer, making the hot exit bed now the entry bed and the cooled entry bed now the exit bed.

Control system components include the fuel train, flame supervision, fresh air and process stream units. The variable speed drive works with the flow and pressure controllers to regulate the firing rate as needed for the temperature control. Further control details are found in the vendor information provided in Attachment B.

2.0 EMISSIONS SUMMARY

The emissions associated with this Standard Permit Registration are the products of combustion of certain vent streams from the existing oil processing operation. The sources that may vent to the thermal oxidizer include oil processing tanks, centrifuge and distillation system. A summary of the equipment that may be controlled by the thermal oxidizer is included Attachment B. The oil processing operation, equipment and associated VOC emissions were previously authorized under PBR Registration No. 83798.

The oil and light ends materials entering the facility can contain significant quantities of water yet the emissions were conservatively calculated assuming only the organic components. Tanks emissions were calculated using methods specified in AP-42 using the average molecular weight and constituent vapor pressure. Transfers of light ends between the process and truck tanks is vapor balanced back to the storage tank so there are no emissions from loading activities.

Combustion of the volatile organic vents and the natural gas fuel result in emissions of NO_x and CO. Emission calculations are provided in Attachment A.

FORMS



Texas Commission on Environmental Quality
Registration for Air Standard Permit
Form PI-1S

I. REGISTRANT INFORMATION			
A. Is a TCEQ Core Data Form (TCEQ Form No. 10400) attached? <i>If "NO," please indicate the following.</i>			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Customer Reference No.: CN600618946		Regulated Entity No.: RN100693282	
B. Company or Other Legal Customer Name (<i>must be same as Core Data "Customer"</i>): CES Environmental Services, Inc.			
Company Official Contact Name: Matt Bowman			Title: President
Mailing Address: 4904 Griggs Road			
City: Houston		State: Texas	Zip Code: 77021
Phone No.: 713-676-1460	Fax No.: 713-676-1676	E-mail: mbowman@cesenvironmental.com	
C. Technical Contact Name: Philip Evans			Title: Director, Technical Services
Company: The WCM Group, Inc.			
Mailing Address: P.O. Box 3247			
City: Humble		State: Texas	Zip Code: 77347-3247
Phone No.: 281-446-7070	Fax No.: 281-446-3348	E-mail: pevans@wcmgroup.com	
D. Facility Location Information (Street Address): 4904 Griggs Road			
If no street address, provide written driving directions to the site: (<i>Attach description if additional space is needed.</i>)			
City: Houston		County: Texas	Zip Code: 77021
II. FACILITY AND SITE INFORMATION			
A. Name and Type of Facility: CES Environmental Services, Inc.			<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Portable
B. Type of Action	<input checked="" type="checkbox"/> Initial Application	<input type="checkbox"/> Change to Registration	Registration No.:
	<input type="checkbox"/> Renewal	Expiration Date:	
C. Standard Permit Claimed: 6001		Description: Pollution Control Projects	
D. Concrete Batch Plant Standard Permit (<i>Check one</i>)		<input type="checkbox"/> Central Mix <input type="checkbox"/> Ready Mix <input type="checkbox"/> Specialty Mix <input type="checkbox"/> Enhanced Controls for Concrete Batch Plants	
E. Proposed start of construction: September 2008		Length of time at the Site: permanent	
F. Is there a previous Standard Exemption or Permit by Rule for the facilities in this registration? (<i>Attach details regarding changes</i>)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If "YES," list Permit No.: 83798
G. Are there any other facilities at this site which are authorized by an air Standard Permit?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If "YES," list Permit No.:
H. Are there any other air preconstruction permits at this site?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If "YES," list Permit No.: Permit Exemption X-15980
Are there any other air preconstruction permits at this site that would be directly associated with this project?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If "YES," list Permit No.:



Texas Commission on Environmental Quality
Registration for Air Standard Permit
Form PI-1S

II. FACILITY AND SITE INFORMATION (continued)		
I. TCEQ Account Identification Number (if known): HG-1270-B		
J. Is this facility located at a site which is required to obtain a federal operating permit pursuant to 30 TAC Chapter 122?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> To be determined
K. Identify the requirements of 30 TAC Chapter 122 that will be triggered if this Form PI-1S application is approved. <input type="checkbox"/> Application for an FOP <input type="checkbox"/> FOP Significant Revision <input type="checkbox"/> FOP Minor <input type="checkbox"/> Operational Flexibility/Off-Permit Notification <input type="checkbox"/> Streamlined Revision for GOP <input type="checkbox"/> To be determined <input checked="" type="checkbox"/> None		
L. Identify the type(s) issued and/or FOP application(s) submitted/pending for the site. (check all that apply) <input type="checkbox"/> SOP <input type="checkbox"/> GOP <input type="checkbox"/> GOP application/revision application: submitted or under APD review <input type="checkbox"/> SOP application/revision application: submitted or under APD review <input checked="" type="checkbox"/> N/A		
III. FEE INFORMATION		
Check/Money Order/Transaction No.:		
Name on Check: CES Environmental Services, Inc.		
Fee Amount: \$900		
IV. PUBLIC NOTICE (If applicable)		
A. Is the plant located at a site contiguous or adjacent to the public works project?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. Application in Public Place N/A		
Name of Public Place:		
Physical Address:		
City:		County:
C. Small Business Classification:		<input type="checkbox"/> YES <input type="checkbox"/> NO
D. Concrete batch plants with enhanced controls permanent rock crushers, and animal carcass incinerators shall place a copy of the technically complete application at the appropriate TCEQ regional office only.		
E. Please furnish the names of the state legislators who represent the area where the facility site is located:		
State Senator:		State Representative:
F. For Concrete Batch Plants, name of the County Judge for this facility site: N/A		
County Judge:		
Mailing Address:		
City:		State: Zip Code:
G. For Concrete Batch Plants, is the facility located in a municipality and/or extraterritorial jurisdiction of a municipality?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES," list the name(s) of the Presiding Officer(s) for the municipality and/or extraterritorial jurisdiction:		
Mailing Address:		
City:		State: Zip Code:



**Texas Commission on Environmental Quality
Registration for Air Standard Permit
Form PI-1S**

V. TECHNICAL INFORMATION INCLUDING STATE AND FEDERAL REGULATORY REQUIREMENTS <i>Registrants must be in compliance with all applicable state and federal regulations and standards to claim a Standard Permit.</i>		
A. Is confidential information submitted and properly marked with this registration?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
B. Is a process flow diagram or a process description attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. Is a plot plan attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
D. Are emissions data and calculations for this claim attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
E. Is information attached showing how the general requirements and applicability (30 TAC § 116.610 and 116.615) are met?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
F. Is information attached showing how the specific requirements are met?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
VI. SIGNATURE REQUIREMENTS		
<p>The signature below indicates that I have knowledge of the facts herein set forth and that the same are true and correct to the best of my knowledge and belief. I further state that to the best of my knowledge and belief, the project for which application is made will not in any way violate any provision of the Texas Water Code (TWC), Chapter 7, Texas Clean Air Act (TCAA), as amended, or any of the air quality rules and regulations of the Texas Commission on Environmental Quality or any local governmental ordinance or resolution enacted pursuant to the TCAA. I further state that I have read and understand TWC §§ 7.177-7.183, which defines CRIMINAL OFFENSES for certain violations, including intentionally or knowingly making or causing to be made false material statements or representations in this application, and TWC §§ 7.187, pertaining to CRIMINAL PENALTIES.</p>		
<p>PRINT NAME: <u>Gary Bowman</u> SIGNATURE: <u>[Signature]</u> DATE: <u>8/25/08</u></p> <p style="text-align: center; font-size: small;">NOTE: ORIGINAL SIGNATURE IN INK IS REQUIRED</p>		
VII. COPIES OF THE REGISTRATION		
<p>Copies must be sent as listed below. Processing delays will occur if copies are not sent as noted.</p>		
Air Permits Initial Review Team (APIRT)	Regular, Certified, Priority Mail MC 161, P.O. Box 13087, Austin, Texas 78711-3087 Hand Delivery, Overnight Mail MC 161, 12100 Park 35 Circle, Building C, Third Floor, Austin, Texas 78753 (512) 239-1250	Original Money Order or Check, a Copy of Form PI-1S and Core Data Form; all attachments
Revenue Section, TCEQ	Regular, Certified, Priority Mail MC 214, P.O. Box 13087, Austin, Texas 78711-3087 Hand Delivery, Overnight Mail MC 214, 12100 Park 35 Circle, Building A, Third Floor, Austin, Texas 78753 (512) 239-6260	Original Money Order or Check, a Copy of Form PI-1S and Core Data Form
Appropriate TCEQ Regional Office	To find your regional office address, go to the TCEQ Web site at www.tceq.state.tx.us/comm_exec/forms_pubs/pubs/gi/gi-002.html , or call (512) 239-1250	Copy of Form PI-1S, Core Data Form, and all attachments
Appropriate Local Air Pollution Control Program(s)	To find your local air pollution control programs go to the TCEQ, APD Web site at www.tceq.state.tx.us/cgi-bin/permitting/air/tps-ost/localprograms/localprograms.pl , or call (512) 239-1250	Copy of Form PI-1S, Core Data Form, and all attachments



**Air Quality Standard Permits (SP)
State Pollution Control Project Requirements Checklist
Title 30 Texas Administrative Code § 116.617**

Check the most appropriate answer and include any additional information in the spaces provided. If additional space is needed, please include an extra page and reference the rule number. The SP forms, tables, checklists, and guidance documents are available from the TCEQ, Air Permits Division web site at: www.tceq.state.tx.us/permitting/air/nav/standard.html.

This Standard Permit requires registration with the commission's Office of Permitting, Remediation, and Registration in Austin. The facilities and/or changes to facilities can be registered by completing a **Form PI-1S**, "Registration for Air Standard Permit." This checklist should accompany the registration form.

CHECK THE MOST APPROPRIATE ANSWERS AND FILL IN THE BLANKS			
Rule	Questions/Description	Information	Response
116.617	Have you completed the Standard Permit General Requirements Checklist?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
116.617 (d)(2)(C)	Please list all existing permits and registrations affected by this project and attach a description of how the standard permit will be administratively incorporated into the existing permit(s).	List all existing permits:	
116.617(a)(1) 16.617(b)(5)	Will this project reduce or maintain currently authorized emission rates for facilities authorized by a permit or standard permit? <i>If "NO," are any increases solely due to the SP project?</i>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
116.617(a)(3)(A)	Will this project include completely replacing or reconstructing an existing production facility? <i>If "YES," you may not claim this standard permit.</i>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
116.617 (a)(3)(C)	Will implementing this project serve to return a facility or group of facilities to compliance with an existing authorization or permit? <i>If "YES," you cannot use this SP, you must amend the facility's original permit or authorization.</i>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
116.617(a)(1)	Is this pollution control project undertaken voluntarily?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
116.617(a)(1)	Is this pollution control project undertaken to meet a governmental standard? <i>If "YES," list governmental standard:</i>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
116.617(d)(2)(D)	Will the project result in any changes to currently authorized emission rates? <i>If "YES," attach documentation listing affected EPNs and rate changes.</i>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO



**Air Quality Standard Permits (SP)
State Pollution Control Project Requirements Checklist
Title 30 Texas Administrative Code § 116.617**

CHECK THE MOST APPROPRIATE ANSWERS AND FILL IN THE BLANKS			
Rule	Questions/Description	Information	Response
116.617(a)(2) (A-B)	<p>Are you implementing or changing a method of control?</p> <p><i>If "YES," have you demonstrated equivalence or improvement in attached documentation?</i></p>		<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>
116.617(a)(2)(C)	<p>Are you substituting a compound in a manufacturing process?</p> <p><i>If "YES," have you demonstrated equivalence or improvement in attached documentation?</i></p>		<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
116.617(b)(2)	<p>Will construction or implementation of the pollution control project begin within 180 days of receiving written acceptance of the registration from the executive director?</p>		<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>
116.617(b)(4)	<p>Are predictable maintenance, startup, and shutdown emissions directly associated with the pollution control project included in this project?</p> <p><i>If "YES," attach documentation showing that MSS was authorized under the existing permit or authorization.</i></p>		<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>
116.617(b)(5)	<p>Are all capacity increases solely due to the project as represented in the registration application?</p> <p><i>If "NO," you may not claim this standard permit.</i></p>		<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>
116.617(c)(1-3)	<p>Are you replacing emissions control equipment (like-kind replacements or upgrades)?</p> <p><i>If "NO," skip to next question.</i></p> <p><i>If "YES," have you demonstrated equivalence or improvement in attached documentation?</i></p> <p>Will current testing and record keeping requirements be appropriate for the new control equipment or technique?</p> <p><i>If "NO," have you attached details of any proposed changes?</i></p>		<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Table 1(a) Emission Point Summary

Date: September 2008	Permit No.: N/A	Regulated Entity No.: 100693282
Area Name: Oil Processing Area	Customer Reference No.: 600618946	

Review of applications and issuance of permits will be expedited by supplying all necessary information requested on this Table.

AIR CONTAMINANT DATA					
1. Emission Point			2. Component or Air Contaminant Name	3. Air Contaminant Emission Rate	
(A) EPN	(B) FIN	(C) NAME		(A) Pounds Per Hour	(B) TPY
TO-1	TO-1	Thermal Oxidizer	NOx	0.420	0.002
TO-1	TO-1	Thermal Oxidizer	CO	0.827	0.004
TO-1	TO-1	Thermal Oxidizer	SO2	0.032	0.141

EPN = Emission Point Number
FIN = Facility Identification Number

TCEQ - 10153 (Revised 04/08) Table 1(a)

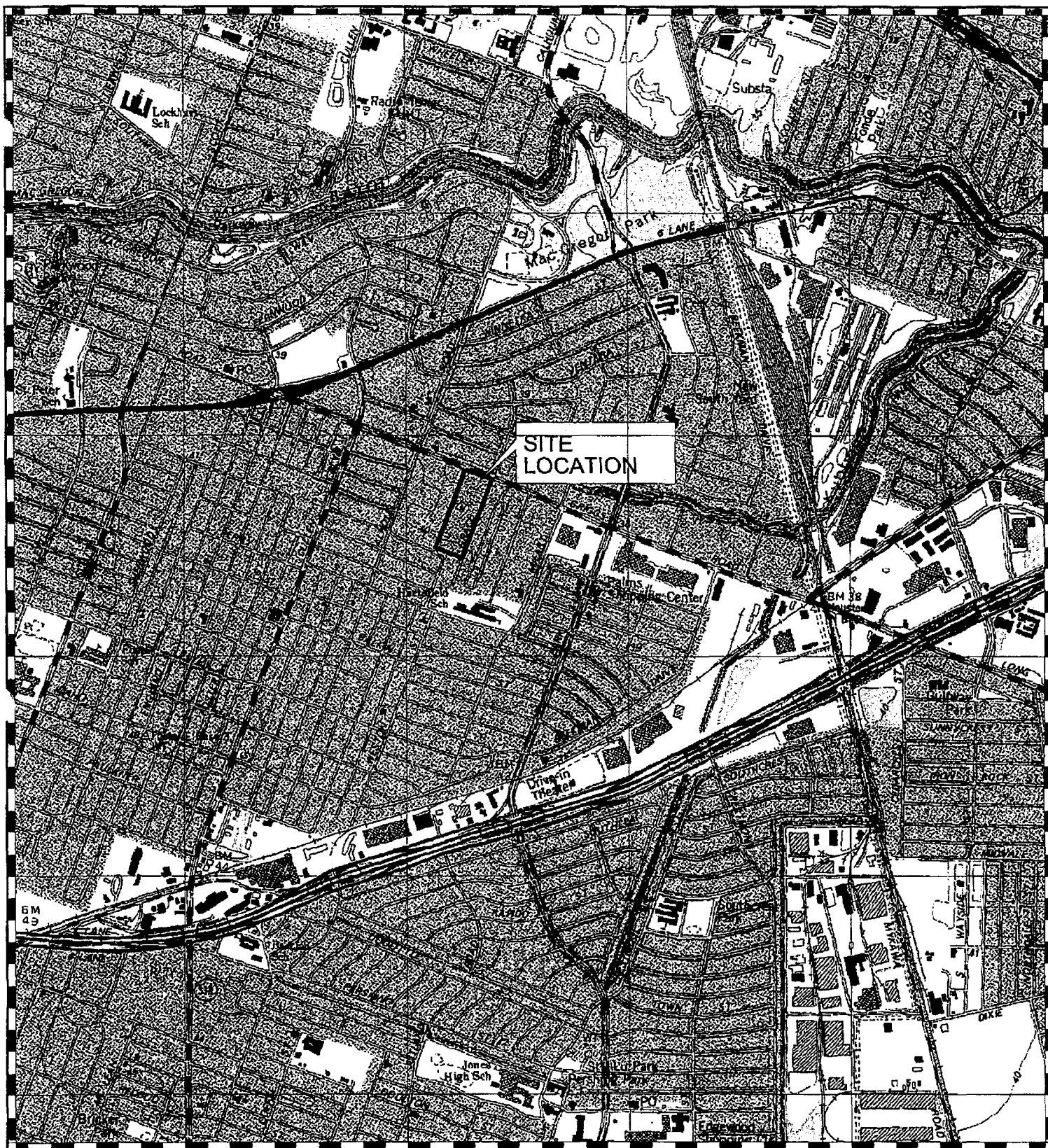
This form is for use by sources subject to air quality permit requirements and may be revised periodically. (APDG 5178 v5)

H:\Client\ICES\Table 1a.pdf

EPAHO043000707

EPAH0043000708

SITE LOCATION MAP



1320 0 1320
1:24,000 1" = 2000 feet feet



Reproduced from U.S. Topographic Quadrangle: Park
Place Texas; Zone 15

TOPOGRAPHIC MAP
CES ENVIRONMENTAL SERVICES, INC.
4904 GRIGGS ROAD
HOUSTON, HARRIS COUNTY, TEXAS



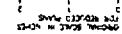
FIGURE

1

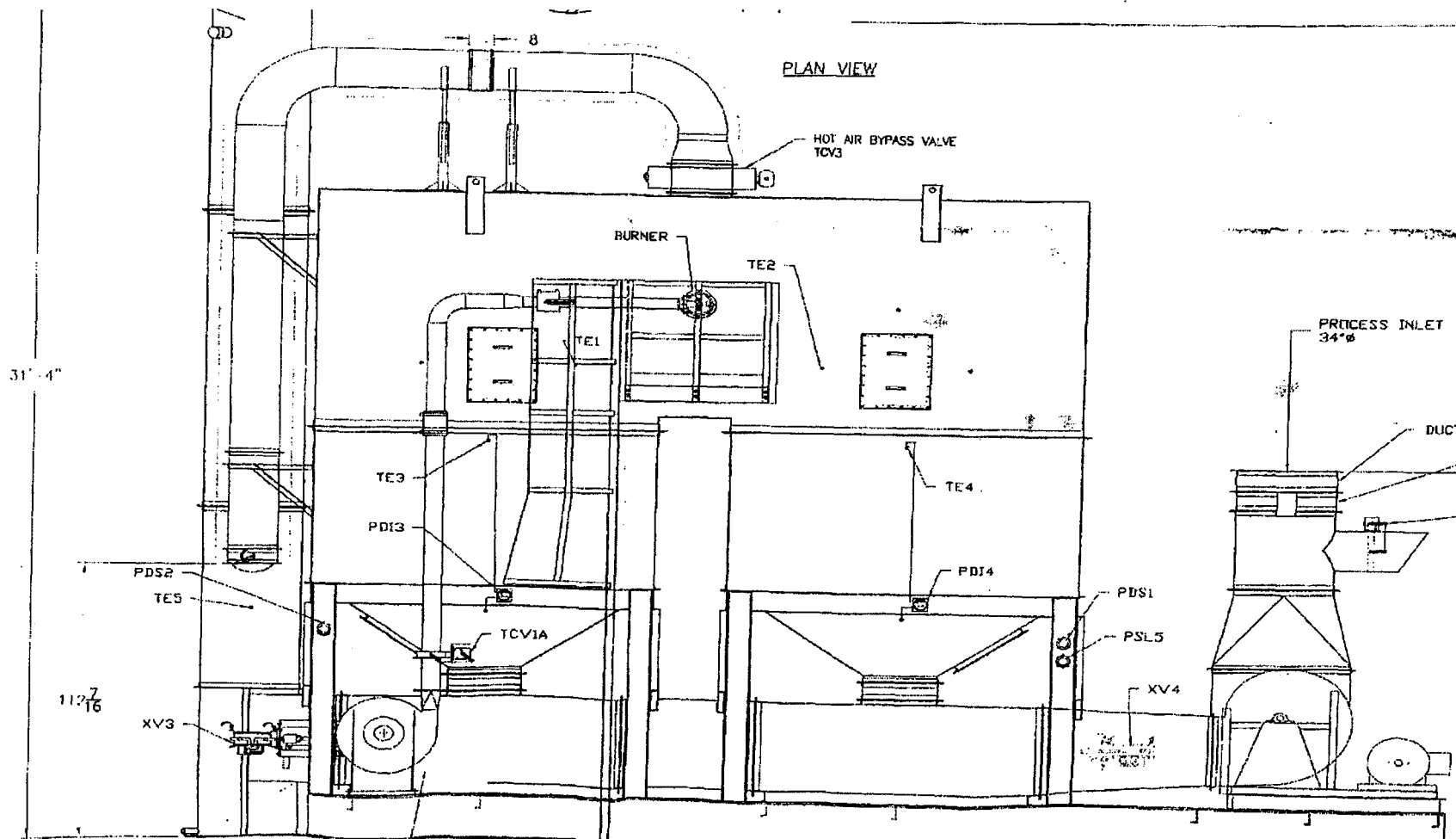
DRAWN BY: LLS DATE: 04-10-2008
FILE: H:-client-CES-Houston site.geo

EPAHO043000710

FACILITY PLOT PLAN



THERMAL OXIDIZER PLAN VIEW



The WCM Group, Inc.
P. O. Box 3247
Humble, TX 77347-3247
(281) 446-7070 Fax (281) 446-3348

ANGUIL ENVIRONMENTAL SYSTEMS, INC.

MODEL 120 REGENERATIVE THERMAL OXIDIZER

DRAWN BY:	ALA
DATE:	09/25/2008
REV. DATE:	
DRAWING ID:	H:\client\CESA\Houston\Thermal Oxidizer Dwg.cvx

FIGURE

1

EP/AHQ043000714

ATTACHMENT A
EMISSION CALCULATIONS

CES Environmental Services
Houston, TX
Oil Process Thermal Oxidizer Emissions

Emission Summary

Pollutant	Hourly (lb/hr)	Annual (TPY)
NOx	0.420	0.002
CO	0.827	0.004
SO2	0.032	0.141

Calculation Methodology

The VOC potential loading is conservatively based on sources in the oil processing area for the purpose of estimating combustion emissions. Source heating value is conservatively based on hexane.

	Vent Rate	Annual Vent	Heating Value
Pollutant	lb / hr	lbs / yr	btu / lb
VOC	2.43	1435.69	19245.10

Combustion Emission Calculation

Burner firing rate 3,000,000 BTU /hr

	lb/MMBtu	NOx TPY	NOx lb/hr	lb/MMBtu	CO TPY	CO lb/hr
Vent Gas	0.1380	0.002	0.006	0.2755	0.004	0.000
Burner Gas	0.1380	0.0002	0.414	0.2755	0.0004	0.827
Total	N/A	0.002	0.420	N/A	0.004	0.827

Flare Destruction/Removal Efficiency and Emission Factors are based on TCEQ Technical Guidance for Chemical Sources: Flares and Vapor Oxidizers: RG-109 October 2000 for high BTU non-steam assisted flares.

Vent Gas Sample calculation:

$$\text{NOx ton/yr: } (19,245 \text{ Btu/lb}) * (0.1380 \text{ lb/MMBtu}) / 1000000 * (1,436 \text{ lb/yr}) / 2000 = 0.002 \text{ tpy}$$

$$\text{NOx lb/hr: } (19,245 \text{ Btu/lb}) * (0.1380 \text{ lb/MMBtu}) / 1000000 * (2.43 \text{ lb/yr}) = 0.006 \text{ lb/hr}$$

Sulfur Emission Calculation

Vent gas composition

24 ppm sulfur compounds in VOC vent stream
 2.43 lb / hr VOC vent rate
 0.003 lb / ft3 vapor density

Calculation Basis: IDEAL GAS LAW, $PV = nRT$

where:

P = pressure (psia)

V = volumetric flow rate (scf /min)

R = Universal Gas Constant

T= Temperature

n = no. of moles of gas

Vent gas sulfur compound portion is 24 ppm

then, $n = PV / RT * 60 * 24 / 10^6$

0.00050 lb mole sulfur / hr

Flare combustion will convert the sulfur compounds in the vent stream to SO2.

To convert to SO2, 1 lb mole SO2 is 64 lb

0.03 lb/hr SO2

0.14 TPY SO2

data

14.7 psia

135 scf /min

10.73 psia scf / lb mole R

530.1 R

CES Environmental Services
Houston, TX
Oil Process Thermal Oxidizer Emissions

SOURCE SUMMARY			
		VOC Emissions	
EPN	Description	lb/ hr	ton/yr
SV-1	Vacuum Distillation System	0.071	0.313
OT-1	Wet Base Oil Tank	0.107	0.005
OT-2	Wet Base Oil Tank	0.107	0.005
OT-3	Oily Water Treatment Tank	0.063	0.017
OT-4	Wet Base Oil Treatment Tank	0.107	0.005
OT-5	Centrifuge Feed Tank	0.063	0.017
OT-6	Wet Base Oil Tank	0.107	0.005
OT-7	Oily Water Tank	0.063	0.017
OT-8	Oily Water Tank	0.063	0.017
OT-9	Light Ends Storage	1.498	0.273
OT-10	Distillation Feed Tank	0.080	0.017
FO-1	Centrifuged Oil Storage Tank	0.038	0.009
SV-1	Centrifuge	0.063	0.017
TOTAL		2.430	0.718

Sources that may be controlled by the Thermal Oxidizer.

CES Environmental Services
Houston, TX
Oil Process Vacuum Distillation
EPN: SV-1

Basis Information:

Emissions calculated as follows:

$$q = \{ \{ \{ \{ (V/100) \times F_m \} / (M \times (T_v/T_x)) \} \times M_v \} \times \{ 1 - (e/100) \} \}$$

$$Q = \{ \{ \{ \{ (V/100) \times F_a \} / (M \times (T_v/T_a)) \} \times M_v \} \times \{ 1 - (e/100) \} \} \times 2000$$

Where:

q = Quantity of VOC emissions (lb/hr)
Q = Quantity of VOC emissions (ton/yr)
V = VOC concentration (%v estimated)
F_a = Average flow rate of vent gas (cfh)
F_m = Maximum flow rate of vent gas (cfh)
M_v = Vapor molecular weight (lb/lb mole)
M = Molar volume (385 ft³/mole - Gas Constant)
T_v = Temperature of vent gas (deg. R)
T_a = Annual average ambient temperature (deg. R)
T_x = Highest monthly average ambient temperature (deg. R)
H = Operating time (hr/yr)
e = Control efficiency (%)

MAXIMUM HOURLY EMISSIONS (q):

Material: Oil

Input:		Emissions:	
V =	0.68 %	q =	0.071 lb/hr
F _m =	80 ft ³ /hr		
M _v =	58.08 lb/lbmole		
M =	404 ft ³ /mole		
T _v =	610 R		
T _x =	554 R		
e =	0 %		

ANNUAL EMISSIONS (Q):

Material: Oil

Input:		Emissions:	
V =	0.68 %	Q =	0.313 ton/yr
F _a =	80 ft ³ /hr		
M _v =	58.08 lb/lbmole		
M =	393 ft ³ /mole		
T _v =	610 R		
T _a =	539 R		
H =	8760 hr/yr		
e =	0 %		

Tank Emission Calculations

CES Environmental Services
Houston, TX
Oil Process Tank Emissions

DATA ENTRY

Tank Identification		OT-1	OT-2	OT-3	OT-4	OT-5	OT-6
EPN		OT-1	OT-2	OT-3	OT-4	OT-5	OT-6
Material Stored		Base Oil/Water	Base Oil/Water	Base Oil/Water	Base Oil/Water	Oil/Water	Base Oil/Water
Tank Capacity	Vol., gallons	16,800	16,800	16,800	16,800	16,800	16,800
Throughput	gallons	72,000	72,000	1,200,000	72,000	1,200,000	72,000
Tank Controlled	Yes/No	No	No	No	No	No	No
Control Efficiency	e, %	0.00	0.00	0.00	0.00	0.00	0.00
Shell Height	Hs, ft	20.0	20.0	20.0	20.0	20.0	20.0
Shell Length	Ls, ft	12.0	12.0	12.0	12.0	12.0	12.0
Orientation	Vertical=1/Horizontal=2	1	1	1	1	1	1
Fill Rate	gallons/hr	3,000	3,000	3,000	3,000	3,000	3,000
Molecular Weight, lb/lb-mole		150.000	150.000	150.000	150.000	150.000	150.000
Vapor Pressure @ Tln, psia	528.90 R	0.0100	0.0100	0.0100	0.0100	0.0100	0.0100
Vapor Pressure @ Tla, psia	537.23 R	0.0100	0.0100	0.0100	0.0100	0.0100	0.0100
Vapor Pressure @ Tbx, psia	547.57 R	0.0100	0.0100	0.0100	0.0100	0.0100	0.0100
Max. Vapor Pressure @ Tbx, psia	557.80 R	0.0100	0.0100	0.0100	0.0100	0.0100	0.0100

ESTIMATED EMISSIONS

Maximum Hourly Losses	Lm, lb/hr	0.107	0.107	0.063	0.107	0.063	0.107
	Lt, ton/yr	0.0054	0.0054	0.0167	0.0054	0.0167	0.0054

PHYSICAL PARAMETER CALCULATIONS

Diameter, D	Effective diameter, De	12.0	12.0	12.0	12.0	12.0	12.0
Avg. Liquid Height	Hl, ft	10.0	10.0	10.0	10.0	10.0	10.0
Max. Liquid Height	Hlx, ft	19.9	19.9	19.9	19.9	19.9	19.9
Cone Roof Outage	Hro, ft	0.125	0.125	0.125	0.125	0.125	0.125
Vapor Space Outage	Hvo, ft	10.125	10.125	10.125	10.125	10.125	10.125
Vapor space volume	Vv, ft ³	1144.53	1144.53	1144.53	1144.53	1144.53	1144.53
Breather vent pressure setting	Pbp, psig	0.00	0.00	0.00	0.00	0.00	0.00
Breather vent vacuum setting	Pbv, psig	0.00	0.00	0.00	0.00	0.00	0.00
Gas Constant	R, psia-ft ³ /lb mole-R	10.732	10.732	10.732	10.732	10.732	10.732
Vapor Density	Wv, lb/ft ³	0.0003	0.0003	0.0003	0.0003	0.0003	0.0003
Daily vapor pressure range	ΔPv, psia	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Vapor space expansion factor	Ke	0.077	0.077	0.077	0.077	0.077	0.077
Vented vapor saturation factor	Ks	0.995	0.995	0.995	0.995	0.995	0.995
Working Loss Product Factor	Kp	1.00	1.00	1.00	1.00	1.00	1.00
Net Annual Throughput	Q, bbl/yr	1,714.3	1,714.3	28,571.4	1,714.3	28,571.4	1,714.3
Turnovers	N	4.3	4.3	71.4	4.3	71.4	4.3
Turnover factor	Kn	1.00	1.00	0.59	1.00	0.59	1.00

MAX. HRLY LOSSES:

$$L_m = (L_{wmax} \times FR) / (N \times Vol)$$

STANDING LOSSES:

$$L_s = 365 \times W \times Wv \times Ka \times Ks$$

WORKING LOSSES:

$$L_w = 0.0010 \times Mw \times Pvs \times Q \times Kn \times Kp$$

$$L_{wmax} = 0.0010 \times Mw \times Pvs \times Q \times Kn \times Kp$$

note: OT-6 loading is vapor balanced, so there .

UNCONTROLLED

TOTAL HOURLY LOSSES:

$$L_t = (L_s + L_w)$$

TOTAL ANNUAL LOSSES:

$$L_t = (L_s + L_w) / 2000 \text{ lb/ton}$$

METEOROLOGICAL CALCULATIONS:

Data Location	Houston, TX	ANNUAL	MAX HRLY
Daily avg. liquid surface temp, R	Tla	537.23	554.97
Daily avg. ambient temp, R	Taa	528.25	543.05
Liquid bulk temp, R	Tb	531.33	545.13
Daily solar insolation factor, Btu/ft ² day	I	1351	1898
Atmospheric pressure, psia	Pa	14.7	14.7
Daily max. ambient temp, R	Tax	539.1	553.6
Daily min. ambient temp, R	Tan	517.4	532.5
Daily vapor temp. range, R	ΔTv	41.35	51.33
Daily max. liquid surface temp., R	Tlx	547.57	567.80
Daily min. liquid surface temp., R	Tln	528.90	542.14
Solar absorbance factor	a	0.68	0.68

Tank Emission Calculations

CES Environmental Services
Houston, TX
Oil Process Tank Emissions

DATA ENTRY

Tank Identification		OT-7	OT-8	OT-9	OT-10	FO-1	Centrifuge
EPN		OT-7	OT-8	OT-9	OT-10	FO-1	SV-1
Material Stored		Oil/Water	Oil/Water	CES Fuel/Water	Oil/Water	Oil/Water	Oil/Water
Tank Capacity	Vol., gallons	16,800	16,800	16,800	16,800	7,518	16,800
Throughput	gallons	1,200,000	1,200,000	600,000	873,600	1,200,000	1,200,000
Tank Controlled	Yes/No	No	No	No	No	No	No
Control Efficiency	e, %	0.00	0.00	0.00	0.00	0.00	0.00
Shell Height	Hs, ft	20.0	20.0	20.0	20.0	20.0	20.0
Shell Length	Ls, ft	12.0	12.0	12.0	7.0	8.0	12.0
Orientation	Vertical=1/Horizontal=2	1	1	1	2	1	1
Fill Rate	gallons/hr	3,000	3,000	3,000	3,000	3,000	3,000
Molecular Weight, lb/lb-mole		150.000	150.000	85.985	150.000	150.000	150.000
Vapor Pressure @ T _h , psia	526.90 R	0.0100	0.0100	0.9521	0.0100	0.0100	0.0100
Vapor Pressure @ T _{la} , psia	537.23 R	0.0100	0.0100	1.2287	0.0100	0.0100	0.0100
Vapor Pressure @ T _{lx} , psia	547.57 R	0.0100	0.0100	1.5720	0.0100	0.0100	0.0100
Max. Vapor Pressure @ T _{lx} , psia	557.80 R	0.0100	0.0100	2.4866	0.0100	0.0100	0.0100

ESTIMATED EMISSIONS

Maximum Hourly Losses	Lm, lb/hr	0.063	0.063	1.498	0.080	0.038	0.063
	Lt, ton/yr	0.0167	0.0167	0.2734	0.0168	0.0094	0.0167

PHYSICAL PARAMETER CALCULATIONS

Diameter, D	Effective diameter, De	12.0	12.0	12.0	13.4	8.0	12.0
Avg. Liquid Height	Hl, ft	10.0	10.0	10.0	10.0	10.0	10.0
Max. Liquid Height	Hlx, ft	19.9	19.9	19.9	16.0	20.0	19.9
Cone Roof Outage	Hro, ft	0.125	0.125	0.125	0.139	0.083	0.125
Vapor Space Outage	Hvo, ft	10.125	10.125	10.125	10.139	10.083	10.125
Vapor space volume	Vv, m ³	1144.53	1144.53	1144.53	1419.48	506.59	1144.53
Breather vent pressure setting	Pbp, psig	0.00	0.00	0.03	0.00	0.00	0.00
Breather vent vacuum setting	Pbv, psig	0.00	0.00	-0.03	0.00	0.00	0.00
Gas Constant	R, psia-ft ³ /lb mole-R	10.732	10.732	10.732	10.732	10.732	10.732
Vapor Density	Vv, lb/ft ³	0.0003	0.0003	0.0183	0.0003	0.0003	0.0003
Daily vapor pressure range	ΔPv, psia	0.0000	0.0000	0.6199	0.0000	0.0000	0.0000
Vapor space expansion factor	Ke	0.077	0.077	0.119	0.077	0.077	0.077
Vented vapor saturation factor	Ks	0.995	0.995	0.803	0.995	0.995	0.995
Working Loss Product Factor	Kp	1.00	1.00	1.00	1.00	1.00	1.00
Net Annual Throughput	Q, bbl/yr	28,571.4	28,571.4	14,285.7	20,800.0	28,571.4	28,571.4
Turnovers	N	71.4	71.4	35.7	52.0	159.6	71.4
Turnover factor	Kn	0.59	0.59	1.00	0.74	0.35	0.59

MAX. HRLY LOSSES: $L_m = (L_{wmax} \times FF)$
 STANDING LOSSES: $L_s = 365 \times V_v \times$ are no working losses for that tank.
 WORKING LOSSES: $L_w = 0.0010 \times Nw$
 $L_{wmax} = 0.0010 \times Nw$

UNCONTROLLED

TOTAL HOURLY LOSSES: Lt =
 TOTAL ANNUAL LOSSES: Lt =

METEOROLOGICAL CALCULATIONS:

Data Location	Houston, TX	ANNUAL
Daily avg. liquid surface temp., R	Tla	537.23
Daily avg. ambient temp., R	Taa	528.25
Liquid bulk temp., R	Tb	531.33
Daily solar insolation factor, Btu/m ² day	I	1351
Atmospheric pressure, psia	Pa	14.7
Daily max. ambient temp., R	Tax	538.1
Daily min. ambient temp., R	Tan	517.4
Daily vapor temp. range, R	ΔTv	41.35
Daily max. liquid surface temp., R	Tlx	547.57
Daily min. liquid surface temp., R	Tln	526.90
Solar absorbance factor	a	0.68

ATTACHMENT B
THERMAL OXIDIZER VENDOR INFORMATION

THERMAL OXIDIZER UNIT MACRO SPECIFICATIONS

Prefinished Millwork Corporation

Unit AES-9859

OPERATING SPECIFICATIONS	(All values established for required VOC destruction efficiency)
Guaranteed VOC Destruction Efficiency	95 %
Maximum Process Air Stream	12,000 SCFM
Approximate Flow During Warmup	2,400 SCFM
Flow Control Method	Variable Speed Drive on system fan motor controlled via pressure PI loop controller
Flow Control Pressure Set Point	-0.1 to -1.00" water column (Nominal, value established at start-up during system balancing)
Max. Negative Pressure Safety Control Set Point	-7" water column
Inlet Temperature Control Set Point	1,400°F
Temperature Control Method	Modulating firing rate valve controlled via temperature PI loop controller
Temperature High Limit Safety Set Point	1,600°F

MACRO SPECIFICATIONS - Unit AES-9859

UNIT MECHANICAL

Outer Skin Material	Hot Rolled Steel
Outer Skin Thickness	7 gauge
Heat Exchanger Type	Shell and Tube, two-pass
Heat Exchanger Efficiency	95% (at normal operating conditions)
Heat Exchanger Material	Ceramic Media
Approximate Total Unit Weight	70,000 lbs.
Temperature Sensors	K-Type Thermocouples

MACRO SPECIFICATIONS - Unit AES-9859

BURNER & ASSOCIATED EQUIPMENT

Manufacturer	Eclipse
Model	Thermjet TJ300 MATNNX
Type	Nozzle Mix
Maximum Firing Rate	3,000,000 BTU/Hr.
Minimum Firing Rate	750,000 BTU/Hr.
Fuel Train	2"
Required Gas Pressure to Fuel Train	2 psig to 5 psig
Gas Pressure Regulated To Approximately	12" to 14" water column (Nominal value only. Must be adjusted by qualified technician)

FLAME SAFETY EQUIPMENT

Flame Safeguard Primary Control	Honeywell RM7895
Flame Sensor Type	UV Scanner
High Temperature Limit Control	Honeywell DC100L

MACRO SPECIFICATIONS - Unit AES-9859

FANS

System Fan	
Manufacturer	Twin City Fan
Model	Size BCS 270, Heavy Duty, Arr. 9F, CW, BHD
Capacity	14,000 CFM @ 14.0" W.C. static press. @ 125°F @ 2,379 RPM drawing 38.86 BHP
Motor	50 HP, 1,800 RPM TEFC, High Eff., 326T Frame
Combustion Fan	
Manufacturer	New York
Model	Size 1906A05, Arr. 4, CW, UBD
Capacity	600 SCFM @ 29.40" W.C. static press. @ 3,500 RPM drawing 4.21 BHP
Motor	5 HP, 3,500 RPM, TEFC, High Eff., 184T Frame

PROCESS DESCRIPTION

Design Considerations

Thermal oxidation of hydrocarbons is a relatively straightforward process in concept. The air pollutants are raised to a temperature sufficient to oxidize (burn) them, converting the VOCs to carbon dioxide and water vapor. In practice, the actual operating thermal oxidizer's complexity results from design features incorporated to assure:

1. ***Destruction Efficiency***

Destruction efficiency compliant with applicable regulations (destruction efficiency is the ratio, expressed as a percentage, of the amount of hydrocarbons in the cleansed air stream divided by the amount of hydrocarbons in the process stream entering the oxidizer).

2. ***Fuel Efficiency***

Simple burning of the hydrocarbons without any recovery of heat from the system would consume large amounts of fuel to maintain the oxidation temperature.

Destruction Efficiency

Destruction efficiency is achieved by maintaining two parameters. The first parameter is the required temperature. The hydrocarbons in the process stream must be raised to their oxidizing temperature. Temperature sensors and controls continuously monitor the temperature of the air in the oxidation chamber and modulate the fuel supply to the burner, increasing or decreasing it as needed to maintain a temperature sufficient to burn the pollutants, but not so hot as to physically damage the equipment.

The second parameter required for destruction efficiency is time. Burning (oxidation) is a chemical reaction. All chemical reactions take time, though to the casual observer some reactions, such as thermal oxidation, may appear to occur nearly instantaneously because this time is very short. The contaminated air stream must be held at a certain minimum temperature for a prescribed amount of time.

The function of the oxidation chamber of the oxidizer is to provide an area maintained at the required temperature, across which the process air stream must traverse. Because it takes time for the air stream to pass through the oxidation chamber, the parameters of time and temperature are met.

The time required for proper destruction of the hydrocarbon contaminants, provided the necessary temperature is achieved, is referred to by designers and the regulatory agencies as "residence time". The Anguil thermal oxidizer is sized and designed based on airflow pressure and volume characteristics specific to the application.

Operated at, or below, the design air flow rate of the thermal oxidizer, the process stream is held at the necessary temperature and takes sufficient time to pass through the oxidation chamber that the required destruction efficiency of VOCs is met or exceeded.

If the volume of air per unit of time moved through the oxidizer exceeds the equipment design flow rate, the air may not be held at oxidizing temperature for a sufficient amount of time to complete

the hydrocarbon destruction. If the design flow rate is *greatly* exceeded, the burner may not be able to supply sufficient energy to raise the process air stream to the oxidizing temperature.

WARNING

For the above reasons, the stated design flow rate of the equipment should never be exceeded without first consulting Anguil Environmental Systems, Inc., to determine the results. Proper VOC destruction may not be achieved, resulting in non-compliance with regulatory requirements and possible legal consequences.

Fuel Efficiency

Fuel efficiency is achieved by:

1. Providing for equipment turn-down.

The oxidizer is designed to process, within certain limits, only the volume of air sent to it. When the process air volume is cut back, the oxidizer automatically reduces its burner firing rate and the speed of the main fan so that fuel is not wasted heating up a larger volume of air than is required. Also, when the equipment is first being heated prior to being placed into service, airflow volume is kept to a minimum so that the fuel burned is used to heat the equipment rather than a large stream of fresh air.

2. Conserving heat.

The oxidizer consists of inner and outer walls separated by high temperature insulation. This insulation's primary function is safety--protecting personnel and materials from the high

temperatures within the oxidizer. However, it also serves to maintain most of the energy inside the oxidizer for VOC destruction, rather than allowing it to dissipate into the unit framework.

- 3 Heat recovered from the oxidation process.

Much of the energy put into the process air stream, which results in the elevation of the stream's temperature, to oxidize the VOCs is still available after the hydrocarbons have burned. In addition, the VOCs themselves give off heat when oxidized, further elevating the air stream temperature. The process stream is hotter when exiting the oxidation chamber than when entering.

The oxidizer is equipped with two beds of ceramic packing which serve as heat sinks, scavenging much of the thermal energy from the process stream as it exits the oxidizer, cooling the exhaust stream and heating the packing.

The process stream enters the oxidizer through one bed of ceramic packing and exits through the other after the oxidation process is completed. When the ceramic packing in the exhaust bed becomes sufficiently hot, as a result of heating by the oxidizer exhaust stream, the entering process stream is switched over to this heated bed.

Passing through the heated bed, the incoming air stream's temperature is raised significantly, therefore only a small amount of additional heat must be supplied by the burner to raise the stream temperature to the oxidizing point with consequent savings in fuel consumption.

The process stream then passes through the oxidation chamber where the burning of the contaminants further raises the air temperature. It exits out the cooler ceramic packed bed, heating this bed up. Meanwhile the bed through which the stream is entering is cooling because it is giving up its heat to the incoming process stream.

When the bed through which the exhaust is passing becomes sufficiently hot, the two beds again switch function, with the exit bed (now hot) becoming the entry bed and the entry bed (now cooled) becoming the exhaust bed.

Because the thermal energy of the system is being stored in a medium (the ceramic packing) and then subsequently released (regenerated) from this packing, this type of thermal oxidation is called "Thermal Regenerative Oxidation". This type of heat exchanging scheme gives up so little heat to general system losses, that the heat exchange efficiency exceeds 90%.

General Process Description

During operation, the system fan at the oxidizer outlet draws the process stream through the oxidizer--in through one bed of ceramic packing through the oxidation chamber, and out through the other bed of ceramic packing.

The VOC-laden air is heated as it passes through the entry ceramic bed (as explained above) and into the burner chamber, where the burner (whose flame is supported by fresh air from a separate combustion fan) supplies additional heat, as needed, to elevate the air to the VOC oxidizing temperature.

Then the VOC-laden air passes through the oxidation chamber where, maintained at a highly elevated temperature for a preset minimum amount of time, the VOCs are oxidized. Heat is given off by this oxidation (an exothermic reaction takes place). The VOCs in the air stream are converted to carbon dioxide and water vapor.

The hot, purified air then passes through the exit bed of ceramic packing, heating this bed (as explained above). Finally, the contaminant-free air is passed through the system fan and exhausted into the atmosphere.

After the entry bed cools sufficiently and the exit bed heats sufficiently, automatic valving is used to switch the direction of flow through the oxidizer, making the hot exit bed now the entry bed, and the cooled entry bed now the exit bed.

The control system is comprised of many components. For a complete list of these, see the system process and instrumentation diagram, electrical schematics, and control panel layout drawings. However, several components are of special interest with regard to understanding of the system control, maintenance and operation. These are covered here separately.

Fuel Train

The fuel train consists of the piping, valving, and safety switches which conduct fuel gas into the burner and is built to applicable FM standards. It is comprised of the following components:

1. *Main Gas Regulator*

The main gas regulator reduces the gas pressure from supply pressure and maintains it at a lowered value outlet of the regulator for control and metering to the burner.

2. *Low Gas Pressure Switch*

The low gas pressure switch is a safety device that shuts down the burner if the gas pressure downstream of the main regulator is below a preset value.

3. *Main Shut-Off Valves*

The main fuel line valving consists of (in order following the direction of fuel flow) the main and blocking safety shut-off valves with a tee in between, off of the leg of, which is located the vent valve. This is a block and bleed system. In the off-mode, the block and main valves are closed and vent valve open. The

main and block valves remain closed and vent valve remains open until the flame safety controller detects that the pilot is lit. At that time, the vent valve is closed the main valve opened, and then the block valve opened, supplying fuel to the firing rate valve.

4. *High Gas Pressure Switch*

The high gas pressure switch is a safety device which shuts down the burner if the gas pressure downstream of the main shut-off valve exceeds a preset valve.

5a. *Air Firing Rate Valve*

The air firing rate valve modulates the combustion airflow and pressure delivered to the burner based upon a signal from the inlet temperature controller (See Temperature Control).

5b. *Gas Proportioning Valve*

The gas proportioning valve delivers gas to the burner on a specific ratio to the combustion air pressure by means of a pressure backloading line from the air line.

6. *Pilot Solenoid Valve*

The pilot gas solenoid valve remains closed until the flame safety supervisor is ready to attempt lighting of the pilot.

7. *Pilot Pressure Regulator*

The pilot gas pressure regulator controls the gas pressure supplied to the pilot solenoid to a constant value.

Flame Supervision Control

The burner system is controlled by an electronic flame safeguard controller in compliance with NFPA regulations. The controller controls lighting and shutoff of the burner, and monitors the flame emanating from the burner so that the primary gas valves cannot be opened until the pilot flame has been established and proven.

IMPORTANT

The use of the flame supervision controller on this application is mandated by regulation and of extreme importance in safe operation of the unit. It should never be removed from the control circuit nor should any attempt be made to light the burner bypassing the controller.

The flame controller controls the entire lighting sequence of the burner and monitors the pilot flame strength during the entire burning cycle. The pilot flame strength is monitored via a device called an ultraviolet scanner (UV scanner) which observes ultraviolet radiation from the flame.

The operation of the burner is the intermittent pilot type, which means the pilot remains lit any time the burner is fired. This is distinguished from an interrupted pilot which turns off once the main flame is lit, or a standing pilot which is lit continuously regardless of whether the burner is in operation. The flame controller provides the following flame control sequence:

1. A pre-purge of 90 seconds.
2. Trial for ignition of the pilot flame for ten (10) seconds. The pilot gas valve is opened and the ignition transformer is energized to create an arc at the spark ignitor.
3. After the pilot is proven, as indicated by the burner's UV scanner, the flame controller energizes the main gas valves to open and the vent valve to close. This signal is conducted directly to the main gas valve. After the main gas valve opens, the signal is conducted across a limit switch on the main valve (which makes when the valve opens), to the block valve which then opens last.
4. If at any time during the burner cycle, the flame strength falls below preset and unalterable limits, the flame controller immediately closes the main and pilot gas valves, extinguishing the flame.
5. If at any time during the burner cycle, any of the so-called flame limits are tripped (virtually any oxidizer alarm condition), the start signal to the flame controller is opened. This de-energizes the flame controller, which in turn closes the gas valves, extinguishing the flame.

**Fresh Air and Process Stream
Control**

The system is provided with dampers and damper actuators, which serve to control and direct fresh air and system process inlet streams.

The system atmospheric relief damper (one for each process inlet line) conducts air in the process line to atmosphere. This damper acts in concert with the system inlet damper (one for each process line, see below) in that anytime the inlet damper is open, the atmospheric relief damper is closed. Conversely, anytime the inlet damper is closed, the atmospheric relief damper is open.

The inlet damper is closed and relief damper open anytime the oxidizer is not on-line. This includes the condition in which the oxidizer is simply shut down, anytime the oxidizer is experiencing an alarm condition, and while the oxidizer is heating up prior to going on-line.

The system inlet damper and driving actuator (one for each process line) conduct the process stream into the oxidizer. This damper acts in concert with the atmospheric relief damper (see above) for that line in that anytime the inlet damper open, the stand-by damper is closed. Conversely, anytime the inlet damper is closed, the stand-by damper is open. The dampers act in concert as a result of mechanical linkage connecting both to one actuator.

Placing the oxidizer on-line, thus opening the system inlet damper, is semi-automatic, requiring the operator to throw a switch. The actual opening of the damper is automatic via its motorized actuator. The damper remains closed regardless of switch position if the oxidizer is locked out from being on-line. This includes the condition in which the oxidizer is simply shut down, anytime the oxidizer is experiencing an alarm condition, and while the oxidizer is heating up prior to going on-line.

The fresh air valve remains open until the oxidizer is placed on-line (any system inlet being open). Prior to the oxidizer burner being placed on-line, the fresh air valve must prove open (via a position switch) in order for the controls to allow lighting of the burner. This assures that only fresh air passes through the oxidizer until it is up to operating temperature and can oxidize the VOCs in the process stream.

Flow Control

The system accommodates varying flow rates, processing only the volume of air sent to it from the VOC stream source. This is achieved by maintaining a constant negative pressure in the system inlet assembly. As more air is sent to the inlet from the process the inlet pressure would normally increase, but the system adjusts by allowing the system fan to draw more air in, thus lowering the pressure back to its set point.

Conversely, as the air volume from the process is decreased, inlet pressure would tend to go more negative. The system adjusts by drawing less air from the process, allowing the inlet pressure to return to set point.

Pressure Controller & Transmitter

A pressure sensor connected to taps on the system inlet assembly senses the pressure and, via an internal transducer and electronic amplification circuitry, produces a 4-20mA signal proportional to plenum pressure.

A stand alone loop controller of the proportional-integral-derivative (PID) type receives the pressure transmitter signal (4-20mA), executes the control algorithm, and transmits a 4-20mA control output to the final control device to drive the plenum pressure back to its set point.

Variable Speed Drive

The final control device is the variable speed drive that controls the flow rate by modulating the system fan speed. As the pressure controller output signal changes (increases or decreases), the fan speed modulates (speeds up or slows down). As fan speed increases the fan impresses a greater vacuum on the oxidizer. As the fan slows down, less vacuum is impressed on the system.

While the unit is heating up on fresh air, the air flow rate is held to a low value so that maximum heating value is transferred to the oxidizer and ceramic beds to bring them up to operating temperature. The pressure control loop is not active during system heat-up.

Firing Rate Valve

The firing rate valve is a modulating valve which varies the amount of air and fuel supplied to the burner to control the temperature to which the incoming air is heated. It is controlled by the temperature control loop (explained below). It modulates in response to a 4-20mA signal. The control signal operates a single actuator which, via mechanical linkage, opens or closes both the combustion air and fuel gas inlets. The combustion air and fuel gas inlets are held in proper ratio by mechanical balance of the relative positions of the fuel and air valves via the gas proportioning valve.

The temperature control loop is released to modulate, however, only after the main flame of both burners is lit. Prior to burner lighting, the controls hold the firing rate valve closed.

Temperature Control

Temperature control is one of the most critical functions of an oxidizer. The driving force for the functioning of an oxidizer is heat. With relatively high operating temperatures, care must be taken to carefully control these temperatures to prevent damage to components.

With temperature as critical as it is to the system, the issue of temperature control is lengthy here. However, the various elements of temperature control applied in the oxidizer are dealt with separately under this section for clarity.

Temperature control encompasses monitoring and acting on temperatures of the air stream in the oxidation chamber and at the system fan discharge. These temperatures are used to:

1. Control the heat up of the oxidation chamber to VOC oxidation temperature.
2. Maintain the oxidation chamber temperature while on-line.
3. Detect when oxidation temperature has been reached in order to determine when to introduce the process stream into the oxidizer.
4. Alarm a high oxidation chamber temperature condition and shut off the burner in order to protect the system from over temperature.
5. Alarm a high exhaust temperature condition and shut off the burner in order to protect the system fan.

The devices used to sense the air stream temperature at the ceramic beds, oxidation chamber, and exhaust to the system fan are thermocouples.

The thermocouple assemblies consist of thermocouple junctions and wire protected within the oxidizer by stainless steel sheathing, with the thermocouple leads terminated outside the oxidizer in standard industrial-type thermocouple heads.

The thermocouples produce a small electrical potential, in the range of 300 millivolts (mV) non-linearly proportional to the temperature. This small voltage signal is fed to the receiving devices on the main control panel.

Two thermocouples are housed in a single sheath toward one end of the oxidation chamber and an identical thermocouple pair is also located toward the other end of the chamber. Thus, there is a total of four thermocouples sensing the oxidation chamber temperature contained in two housings, one located at each end of the oxidation chamber. Two thermocouples contained in such a single housing are called dual thermocouples.

The thermocouple located at the inlet to the oxidizer is used for recording purposes only. A record of the inlet temperature and the oxidation chamber temperature, along with airflow rate, is evidence of VOC destruction, which may be presented to regulatory agencies.

One each of the dual thermocouples located at opposite ends of the oxidation chamber are wired to the PLC for temperature control of the oxidation chamber via the temperature control loop.

The remaining thermocouple of the two dual thermocouples is dedicated for use in a special high temperature alarm switch called the high temperature limit controller, which shuts the oxidizer down in the event of over-temperature. An additional temperature switch included in the high limit controller is used for detecting when the oxidation chamber is up to operating temperature.

A final thermocouple is located in the oxidizer exhaust stack.

The receiving control devices are stand-alone microprocessor based units which carry Factory Mutual (FM) approval specifically for temperature control applications. The controls sense the thermocouple millivolt signal and translate it into a temperature which can be viewed by the operator on the control display. The two temperature control devices are called out individually later in this section on CONTROLS, but their function in overall temperature control is dealt with below.

1. *Control heat-up to catalyzing temperature.*

The VOCs will not be adequately destroyed unless the oxidation chamber is at the proper temperature for the VOC being treated. The primary function of the controls during the heat-up stage is to heat the oxidation chamber and surrounding insulation of the oxidizer to operating temperature.

This is distinguished from the temperature control during operation in which the oxidizer is up to operating temperature and the primary intent is to heat the process air stream up to this temperature.

Though the intent during heat-up is to heat up the ceramic beds and metal rather than air, it is a stream of fresh air which is used as the medium to transport this heat. The process variable controlled is the temperature of the air exiting the burner chamber, entering the oxidation chamber. The final control device is the firing rate micro-ratio valve which modulates the amount of fuel and air supplied to the burner.

The controller uses a standard PID algorithm to determine control output to the final control device. The controller's output is a 4-20mA signal to the firing rate valve actuator. By modulating the firing rate valve actuator, the firing rate valve position is adjusted to conduct more or less air along with proportioned fuel gas to the burner, thus driving the temperature higher or lower.

Prior to the opening of the main gas shut-off valves, that is, when the burner is either not yet lit or when only the pilot flame has been established, the inlet temperature controller's output signal is ignored and the firing rate valve is held closed.

Once the main gas shut-off valves are opened, the controller signal is released to modulate the firing rate valve to establish and maintain operating temperature.

2. *Maintain oxidizing temperature while on-line.*

Once the oxidizer is on-line, the unit is, obviously, already up to oxidizing temperature. The primary function of the temperature control, at this point, is to heat the process air stream entering the unit to the oxidation temperature. The process air stream is partially heated by the heat given off through oxidation of the VOCs in the oxidation chamber, which is transferred to the incoming air stream via the heat exchanger. The burner supplies the additional heat needed.

Since the amount of heat released by oxidation varies with the amount of VOCs in the air stream, and since this VOC concentration typically varies in industrial processes, the amount of preheating available from the heat exchanger is variable. Thus the amount of heat supplied by the burner must also vary. The temperature control continuously monitors the temperature sensed in the oxidation chamber and modulates the firing rate valve to vary the heat supplied by the burner to maintain the temperature set point.

3. *Detect when oxidation temperature has been reached.*

The oxidizer temperature must be at the minimum operating point relative to the air stream's residence time in the chamber to destroy the VOCs at the level required by the user. This minimum operating point is defined by the chamber temperatures being at prescribed set points for a prescribed time period. When the PLC receives the signal that these parameters are met, it will allow the process stream into the oxidizer.

Prior to reaching this temperature (i.e. during heat-up), the VOCs are kept out of the air stream and the oxidizer passes only fresh air.

Though the air stream temperature is raised almost immediately through the burner chamber, much of the heat of the incoming air is given up to heating the surrounding metal. Eventually, however, the oxidation chamber and ceramic beds are heated to operating temperature.

The high temperature limit controller (see details below), connected to one of the oxidation chamber thermocouples, includes an auxiliary switch which closes when the chamber reaches the operating temperature, indicating to the unit's programmable controller (detailed below) that operating temperature has been reached. Seeing this signal, the programmable controller enables the circuit, which allows the operator to open the process inlets to introduce the process stream to the oxidizer. The two ceramic bed temperatures are sensed by the chart recorder, which also includes temperature switches configured to trip at the required set points.

If during operation, the temperature drops below the oxidizing set point, the system inlet cycles back to fresh air and the process stream is diverted from the oxidizer until the operating temperature is again achieved.

When the operating temperature is reached and the process air stream introduced, the chamber temperature will necessarily drop somewhat initially. This is because the process air stream is a larger volume than the small fresh air stream used to heat up the oxidizer. With the sudden increase in air volume, more fuel is needed to heat the larger stream. Though the controls adjust relatively quickly to the change, the temperature loop controller's output and the firing rate valve cannot respond fast enough to instantaneously compensate for the larger air volume due to the inherent time lag it takes for firing rate actuator to respond and for temperature to change.

Because of this inherent response lag, were the operating temperature defined as a single minimum point, the chamber temperature would drop below the set point as soon as the process air were introduced, the process stream would be diverted from the oxidizer and the small fresh air feed to the oxidizer would resume. This in turn would result in a quick restoration of operating temperature, reopening of the system inlet, and repetition of the cycle.

To prevent frequent cycling (opening/closing) of the system inlet section, a deadband or hysteresis is included in the operating temperature set point switch, allowing the system to remain on-line even though the chamber temperature may fluctuate somewhat below the set point. The set point and deadband are chosen to assure that the lower end of the deadband is still within the minimum operating temperature range for proper VOC destruction.

4. *Alarm a high chamber temperature condition.*

If the control loop is mistuned, or the firing rate actuator malfunctions, or the control set point is established at too high a value, the firing rate valve could overfire the burner resulting in a chamber temperature potentially

high enough to cause damage. Additionally, since added heat is given off by the oxidation reaction, an overly high VOC loading could result in oxidation chamber over temperature even with loop tuning and control devices operating properly.

In order to prevent this, an auxiliary switch in the temperature controller is programmed to switch at a high alarm temperature. This switch closure is detected by the programmable controller which in turn automatically disables the burner and places the system in alarm.

Additionally, a second device called the high temperature limit controller (see below) is incorporated as a redundant temperature safety switch. This control includes a normally closed switch which opens when a high temperature set point is exceeded. This switch opening immediately disables the burner and places the oxidizer in alarm status.

Chamber Temperature Controller

The temperature set point controller, as noted above, is a FM approved stand-alone temperature loop controller. Mounted on the main control panel face, it features operator adjustable loop tuning parameters, Auto/Manual output control selection, visual indication of all set points, output, and input (directly readable in operator selectable temperature units), and field adjustable set points. It both controls the oxidation chamber temperature and alarms an over-temperature condition in the air stream.

High Temperature Limit Control

As mentioned above, the oxidizer is equipped with a second separate stand-alone temperature limit control device. This high temperature limit controller, mounted on the main control panel, is a device FM approved specifically for such duty.

IMPORTANT

The use of the high temperature limit controller on this application is of extreme importance in safe operation of the unit. It should never be removed from the control circuit. The thermocouple feeding its input must never be shared with any other device, nor should its limit set point be raised without first consulting Anguil Environmental Systems, Inc.

The power to the flame safety controller is hardwired through normally closed contacts on the high limit control such that, should a temperature exceeding the high limit controller set point exist in the oxidation chamber, the limit controller goes into lockout and opens the contacts. This immediately extinguishes the flame.

Being hardwired directly into the burner circuit, unlike the other high temperature alarm switch in the temperature loop controller, this safety function does not depend on the programmable controller software to turn off the burner.

It is a fail safe device in that failure of the controller or failure of the temperature sensing thermocouple results in the opening of the limit contacts and consequent extinguishing of the flame as though a high temperature were reached.

If the high temperature limit controller trips, the device remains in the lockout condition until manually reset by the operator. It will not reset if the high temperature condition still exists.

The limit controller also includes the auxiliary switch, which closes when the oxidizer reaches operating temperature. This switch within the device is not a latching, manual reset-type, as is the high limit switch.

Chart Recorder

The control panel is equipped with a two channel chart recorder, which charts traces for oxidation chamber temperature and exit temperature. Thus, these two temperatures are constantly monitored and recorded.

The recorder is a circular-type with recording speed, recording parameter divisions, etc. The recorder is field adjustable. The charting of inlet and outlet temperatures are useful in monitoring and trouble-shooting oxidizer performance.

Programmable Logic Controller

The programmable logic controller (PLC) is an Allen-Bradley SLC500. See electrical schematics for controller I/O details. A documented hard copy of the application program, as well as disk of the program are provided with the system.

The PLC receives discrete inputs from the various system switches and outputs discrete signals to devices controlled. The controller acts as a relay replacer and utilizes no analog I/O capabilities. The PLC accepts only 120VAC. The program logic controls the overall system operation.

All timing and alarm detection and annunciation control reside in the PLC. A digital display (see below), used to annunciate alarm conditions, is driven and controlled by the PLC.

The PLC program memory is normally maintained by the main control panel operating power. However, the memory is also backed up by EEPROM, battery, and capacitively backed.

The PLC program memory is normally maintained by the main power to the panel being on. With the power off, the capacitor charge will maintain PLC memory for one to several days. When the capacitor is discharged, the battery continues to maintain system memory for up to 5 years. A low battery LED is included on the PLC and should be periodically checked. To change the battery, follow the directions included in the vendor literature. Under no circumstances should the 120VAC power to the system be turned off if the battery is low. When replacing the battery, leave the control power on. Otherwise the control program may be lost.

To protect against such an occurrence, however, an EEPROM is also included. The EEPROM is a memory chip, which retains the basic oxidizer operating program. Should the PLC memory be lost for any reason, the program in the EEPROM is automatically loaded into the PLC. The system will then operate, but timer presets and accumulated running time information in the original program will be lost. Default timer presets will be loaded and the operator will have to change them to match the original configuration.

DIGITAL DISPLAY

An Allen Bradley Panelview display/touchscreen is provided, which annunciates alarm conditions, provides some on-line start-up instructions, and via the touchscreen, allows the operator to view a limited number of program timer set points.

VOC/WATER SEPARATION
PROCESS

METHANOL / MEK
PROCESS



The WCM Group, Inc.

December 31, 2008

Mr. Don Dale Nelon
Air Permits Initial Review Team (APIRT), MC161
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
Building F, Room 1206
12100 Park 35 Circle
Austin, TX 78753

LONE STAR
AIRBILL NUMBER
42684265

Reference: CES Environmental Services, Inc.
4904 Griggs Road
Houston, Harris County, Texas
Registration of Permits-By-Rule
VOC/Water Separation Process
CN 600618946; RN 100693282

Dear Mr. Nelon:

On behalf of CES Environmental Services, Inc. (CES), please find enclosed documentation to authorize equipment and emissions associated with a new VOC/water separation process at the referenced site. The process qualifies for authorization under Permits-By-Rule (PBR) §106.261, §106.262, §106.472, §106.473, and §106.532.

If you have questions regarding this registration, or require further information, please do not hesitate to contact Mr. Mat Bowman of CES at (713) 676-1460, or me directly at (281) 446-7070.

Sincerely,

Philip B. Evans
Director, Technical Services

PBE/tv
27311:5330021.lts.doc

Enclosure

cc: M. Bowman
L. Vasse
B. Allen



The WCM Group, Inc.

December 31, 2008

Mr. John Racanelli
Revenue Section (MC-214)
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
12100 Park 35 Circle, Building F, Room 1206
Austin, Texas 78753

LONE STAR
AIRBILL NUMBER
42684266

Reference: CES Environmental Services, Inc.
4904 Griggs Road
Houston, Harris County, Texas
Registration of Permits By Rule
VOC/Water Separation Process
CN 600618946; RN 100693282

Dear Mr. Racanelli:

On behalf of CES Environmental Services, Inc. (CES), please find enclosed a check in the amount of \$450 to cover the fee for the above referenced Permit-By-Rule (PBR) registration. A copy of the PI-7-CERT Form is also enclosed.

If you have questions regarding this registration, or require further information, please do not hesitate to contact Mr. Mat Bowman of CES at (713) 676-1460, or me directly at (281) 446-7070.

Sincerely,

Philip B. Evans
Director, Technical Services

PBE/tv
27311:5330021.lts.doc

Enclosure

cc: M. Bowman
L. Vasse
B. Allen

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CES ENVIRONMENTAL SERVICES, INC.

4904 GRIGGS ROAD
HOUSTON, TEXAS 77021
(713) 676-1460

BANK OF AMERICA, NA
35-2/1130

42359

12/30/2008

PAY TO THE ORDER OF **TCEQ**

\$ **450.00

Four Hundred Fifty and 00/100*****

DOLLARS

TCEQ
12100 Park 35 Circle
Austin, TX 78753

MEMO 0803198H

Matt Bowman

⑈042359⑈

(b) (6)

CES ENVIRONMENTAL SERVICES, INC.

42359

TCEQ			12/30/2008			
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
12/30/2008	Bill	Draft PBR Fee	450.00	450.00		450.00
				Check Amount		450.00

CES Environmental S 0803198H

450.00

EPAHO043000743

**PERMIT-BY-RULE FOR
VOC/WATER SEPARATION PROCESS**

**Prepared for
CES ENVIRONMENTAL SERVICES INC.
Houston, Harris County, Texas**

**Prepared by
THE WCM GROUP, INC.
Humble, Texas**

December 2008

EPAHO043000744

**PERMIT-BY-RULE FOR
VOC/WATER SEPARATION PROCESS**

**Prepared for
CES ENVIRONMENTAL SERVICES INC.
Houston, Harris County, Texas**

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ATTACHMENTS

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- B - PBR AUTHORIZATIONS BY EQUIPMENT

FORMS

TCEQ PI-7CERT FORM
TCEQ §106.4 CHECKLIST
TCEQ §106.261 CHECKLIST
TCEQ §106.262 CHECKLIST
TCEQ §106.472 CHECKLIST
TCEQ §106.473 CHECKLIST
TCEQ §106.532 CHECKLIST

FIGURES

- 1 - SITE LOCATION MAP
- 2 - FACILITY PLOT PLAN
- 3 - PROCESS FLOW DIAGRAM

INTRODUCTION

CES Environmental Services, Inc. (CES) operates a tank container cleaning and waste handling facility at 4904 Griggs Road in Houston, Harris County, Texas (CN600618946, RN100693282) under Texas Commission on Environmental Quality (TCEQ) Permit Exemption No. 15980 and several Permits-By-Rule (PBRs) Registrations. The enclosed documentation is provided to demonstrate PBR authorization for certain equipment and emissions associated with the physical separation of VOC and water from an aqueous mixture of varying composition.

The process involves the physical separation of the VOC from the water phase by passing the aqueous stream through an enclosed separator vessel. The separated VOC is then transferred to tank trucks for off-site shipment. The remaining water is transferred to the on-site wastewater treatment system for processing prior to discharge to the POTW. Further details are provided in the Process Description section of this registration and in the attached emission estimation calculations.

The equipment and processes covered by this PBR are authorized under 30 TAC §106.261, §106.262, §106.472, §106.473 and §106.532. Attachment B includes a table summarizing each piece of equipment and the relevant PBR authorization.

The facility is located in the Houston/Galveston ozone nonattainment area and is classified as a minor source for Volatile Organic Compound (VOC) emissions. The emissions increase associated with this project is approximately 0.45 tons per year (tpy) of VOC. As a result, the project is not major by itself and does not result in reclassification of the site as a major source.

A PI-7-CERT Form, as well as TCEQ 106.4, 106.261, 106.262, 106.472, 106.473, and 106.532 checklists, are provided in the Forms section of this report. Emission calculations are provided in Attachment A. The Site Location Map, Facility Plot Plan and Process Flow Diagram are included in the Figures section.

1.0 PROCESS DESCRIPTION

This registration addresses a process to separate organic solvents (VOC) and water from an aqueous feed stream containing an organic concentration of 30% by weight or less. The organic solvent constituents may include Butanol, Ethanol, Hexane, Isopropanol, Methanol, Methyl Ethyl Ketone, Methyl Isobutyl Ketone, Mineral Oil, Propanol, Toluene and Tetrahydrofuran. The amount of the individual constituent present in the mixture may vary from load to load. Conservatively, emissions of each chemical from the handling of this feed stream are, therefore, evaluated individually in this registration at the maximum 30% concentration.

The aqueous mixture of water and organic solvents enters the facility in a tank trailer and is transferred slowly from the delivery truck into an unheated horizontal separator vessel to accomplish phase separation of the VOC and water. The separator vessel has a maximum liquid capacity of approximately 7,500 gallons. Vapors displaced from the separator vessel during the transfer are routed back to the delivery tank trailer through a vapor return line. Upon completion of the process, the separated organics are pumped to a product trailer for off-site shipment. The vapors displaced from this product transfer are similarly vapor balanced back to the separator vessel. The remaining water is then pumped to another tank trailer and moved from the process area to the existing on-site wastewater treatment system. Again, the vapors displaced during the transfer of the wastewater from the separator to the tank trailer are vapor balanced back to the separator vessel.

The separator vessel is equipped with a relief vent connected to the existing vapor collection header and thermal oxidizer unit to control emissions during the separation process (EPN TO-01). The thermal oxidizer unit is authorized and operated under TCEQ Standard Permit No. 86272. The thermal oxidizer operates at a combustion temperature of 1400°F and provides a minimum 95% destruction efficiency. Alternatively, the vessel can be vented to a carbon adsorption system for control of emissions (EPN CAS) in lieu of the thermal oxidizer. The carbon system will consist of at least two activated carbon canisters connected in series. The exhaust from the first canister will be periodically monitored for VOC breakthrough, identified as a measured VOC concentration of 100 ppmv or greater.

The wastewater removed from the separator will contain less than 4% organics in the solution. Again, emissions of each chemical from the handling of this residual wastewater stream are conservatively evaluated based on the maximum 4% concentration. The wastewater is transferred from the tank trailer into an existing vertical fixed roof wastewater system receiving tank of approximately 17,000 gallon capacity. Vapors displaced from the receiving tank during transfer may be vapor balanced back to the tank trailer to minimize emissions. The contents of the receiving tank are then routed to a second vertical fixed roof tank of similar capacity for treatment. The solution properties are examined to determine the required treatment. The material is then transferred thru a clarifier tank before being either discharged to the POTW or transferred to a tank trailer for off-site shipment.

2.0 EMISSIONS SUMMARY

Emissions from the Organic Wastewater operation are calculated for each process step including loading and unloading, tank losses, disconnection of transfer lines, and piping fugitives. The stream properties used in the emission calculations are based on a maximum 30% organic concentration of the feed before separation and a maximum 4% organic concentration in the wastewater after separation. To address the variable composition of the organic constituents, the maximum VOC emissions for the feed and wastewater streams were first calculated at each source using the most volatile constituent at the maximum concentration (THF at 30% and 4%). The other constituents were then speciated from these VOC estimates based on their individual vapor weight fractions at the corresponding maximum concentrations (30% and 4%).

Emissions from the tanks are calculated using methods specified in AP-42. The speciation of emissions from each tank is calculated using the maximum content of each component with the balance of the composition being water. The separator vessel is vented to the Thermal Oxidizer or to a carbon adsorption unit for vapor control. The higher emission rate from either abatement method is used in the compliance evaluation.

Loading and unloading of organic mixture to and from the transport vessels is vapor balanced back to the trailer or tank. As a result, there are no emissions from loading activities except from the disconnecting of transfer lines. Emissions from disconnecting of hoses are calculated assuming the vapor volume inside the hose is saturated with the last material to pass through the hose. It also assumes that all of the liquid residue in the line evaporates and this is calculated using the liquid clingage factor from AP-42 Chapter 7.

Fugitive emissions from potential leaks at valves, pumps and connections associated with this project are calculated using the methods and emission factors specified in the TCEQ document "Air Permit Technical Guidance for Chemical Sources: Equipment Leak Fugitives". No credit is taken for fugitive inspections or monitoring.

The total project increase is 0.46 tpy, well below the level requiring non-attainment or PSD review. The total VOC emission is based on the most volatile organic constituent at the maximum organic concentration. For PBR applicability, emissions of each organic constituent are estimated based on its vapor weight fraction at the maximum organic concentration; therefore, the sum of the individual constituent emissions does not equal the project total emission.

ATTACHMENT A
EMISSION CALCULATIONS

EMISSION SUMMARY

Evaluation:		Piping Fugitives (VWS-FUG)		Separator Vessel (TO-01) or (CAS) *		WW Tanks (T-2, T-3, T-4)		Trailer Transfers (VWS-LDG)		Total		TLV or L-Value	Applicable PBR	PBR LIMITS		PBR COMPLIANCE ?	
Component	CAS	Emissions (lb/hr)	Emissions (TPY)	Emissions (lb/hr)	Emissions (TPY)	Emissions (lb/hr)	Emissions (TPY)	Emissions (lb/hr)	Emissions (TPY)	Emissions (lb/hr)	Emissions (TPY)			Hourly (lb/hr)	Annual (TPY)	Hourly (lb/hr)	Annual (TPY)
Butanol	71-363	0.0907	0.3973	0.0007	0.0029	0.0130	0.0019	0.1378	0.0091	0.2422	0.4112	76	106.262	0.262	1.15	Yes	Yes
Ethanol	64-17-5	0.0907	0.3973	0.0004	0.0018	0.1236	0.0180	0.1602	0.0106	0.3749	0.4277	1880	106.261	6.00	10.00	Yes	Yes
Isopropanol	67-63-0	0.0907	0.3973	0.0005	0.0024	0.0948	0.0138	0.1595	0.0105	0.3455	0.4239	983	106.261	6.00	10.00	Yes	Yes
Methanol	67-56-1	0.0907	0.3973	0.0003	0.0013	0.2385	0.0348	0.1712	0.0113	0.5007	0.4447	262	106.261	1.00	4.38	Yes	Yes
Methyl Ethyl Ketone	78-93-3	0.0907	0.3973	0.0007	0.0029	0.1931	0.0282	0.1884	0.0119	0.4729	0.4403	590	106.261	1.00	4.38	Yes	Yes
Methyl Isobutyl Ketone	108-10-1	0.0907	0.3973	0.0009	0.0040	0.0804	0.0117	0.1658	0.0107	0.3378	0.4236	205	106.261	1.00	4.38	Yes	Yes
Propanol	71-23-8	0.0907	0.3973	0.0005	0.0024	0.0447	0.0065	0.1461	0.0097	0.2821	0.4159	492	106.261	6.00	10.00	Yes	Yes
Tetrahydrofuran	109-99-9	0.0907	0.3973	0.0007	0.0029	0.3008	0.0439	0.2224	0.0136	0.6145	0.4576	590	106.262	2.03	8.91	Yes	Yes
Toluene	108-88-3	0.0907	0.3973	0.0008	0.0036	0.0633	0.0092	0.1560	0.0102	0.3109	0.4204	188	106.262	0.65	2.84	Yes	Yes
Hexane	110-54-3	0.0907	0.3973	0.0008	0.0034	0.2847	0.0416	0.2298	0.0139	0.6060	0.4561	176	106.262	0.61	2.66	Yes	Yes
Mineral Oil	--	0.0907	0.3973	0.0014	0.0059	0.0080	0.0012	0.1375	0.0091	0.2375	0.4134	350	106.261	1.00	4.38	Yes	Yes
VOC Max	--	0.0907	0.3973	0.0009	0.0040	0.3008	0.0439	0.2224	0.0136	0.6145	0.4576						

* CAS is used to control emissions during thermal oxidizer down time. Emissions are the higher of calculated CAS or Thermal Oxidizer.

Project Total Emissions:	lb/hr	TPY
VOC	0.61	0.46

Allowable hourly emission rate for PBR 106.262 calculated as follows:

$$E = L / K$$

K = Coefficient for distance to nearest receptor

Shortest Distance To Receptor (D.R) > 125 ft

K = 290

If L / K > 6.0 lb/hr, then E = 6.0 lb/hr

If TLV is less than 200, then 106.262 must be used.

If TLV is greater than 200, 106.261 or 106.262 may be used.

Tank Emission Calculations

CES Environmental Services
Houston, TX
Estimated Tank Emissions

DATA ENTRY

Tank Identification

EPN		VWST-1 TO-01	T-2 T-2	T-3 T-3	T-4 T-4
Material Stored		Organic WW Feed	Separated WW	Separated WW	Separated WW
Tank Capacity	Vol., gallons	7,505	17,000	17,000	17,000
Throughput	gallons	1,950,000	1,443,000	1,443,000	1,443,000
Tank Controlled	Yes/No	yes	No	No	No
Control Efficiency	e, %	95.00	0.00	0.00	0.00
Shell Height	Hs, ft	6.5	20.1	20.1	20.1
Shell Length	Ls, ft	30.3	12.0	12.0	12.0
Orientation	Vert=1/Horiz=2	2	1	1	1
Fill Rate	gallons/hr	4,000	2,800	2,800	2,800
Properties used for the most volatile compound mixture					
Molecular Weight, lb/lb-mole		41.638	21.806	21.806	21.806
Vapor Pressure @ Tln, psia	525 R	0.4846	0.3114	0.3114	0.3114
Vapor Pressure @ Tla, psia	530 R	0.5851	0.3884	0.3884	0.3884
Vapor Pressure @ Tlx, psia	536 R	0.7030	0.4805	0.4805	0.4805
Max. Vapor Pressure @ Tlx, psia	552 R	1.1685	0.8564	0.8564	0.8564

ESTIMATED EMISSIONS

Maximum Hourly Losses	Lm, lb/hr	0.006	0.003	0.647	0.647
Standing Losses	Ls, lb/yr	50.13	25.45	25.45	25.45
Working Losses	Lw, lb/yr	0.00	0.00	151.33	151.33
Uncontrolled Total Losses	Lt, lb/yr	50.13	25.45	176.77	176.77
	Lt, ton/yr	0.0251	0.0127	0.0884	0.0884
Controlled Total Losses	Lmc, lb/hr	0.0003	N/A	N/A	N/A
	Ltc, ton/yr	0.0013	N/A	N/A	N/A

PHYSICAL PARAMETER CALCULATIONS

Diameter, D	Effective diameter, De	15.8	12.0	12.0	12.0
Avg. Liquid Height	Hl, ft	3.3	10.1	10.1	10.1
Max. Liquid Height	Hlx, ft	5.1	20.1	20.1	20.1
Cone Roof Outage	Hro, ft	0.165	0.125	0.125	0.125
Vapor Space Outage	Hvo, ft	3.415	10.178	10.178	10.178
Vapor space volume	Vv, ft^3	671.45	1150.49	1150.49	1150.49
Breather vent pressure setting	Pbp, psig	0.03	0.03	0.03	0.03
Breather vent vacuum setting	Pbv, psig	-0.03	-0.03	-0.03	-0.03
Gas Constant	R, psia-ft^3/lb mole-R	10.732	10.732	10.732	10.732
Vapor Density	Wv, lb/ft^3	0.0043	0.0015	0.0015	0.0015
Daily vapor pressure range	^Pv, psia	0.2184	0.1691	0.1691	0.1691
Vapor space expansion factor	Ke	0.053	0.049	0.049	0.049
Vented vapor saturation factor	Ks	0.904	0.827	0.827	0.827
Working Loss Product Factor	Kp	1.00	1.00	1.00	1.00
Net Annual Throughput	Q, bbl/yr	46,428.6	34,357.1	34,357.1	34,357.1
Turnovers	N	259.8	84.9	84.9	84.9
Turnover factor	Kn	0.28	0.52	0.52	0.52

12/31/2008

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Tank Emission Calculations

Loading and unloading is vapor balanced, so there are no working losses for Tanks VWST-1 and T-2.

MAX. HRLY LOSSES: $L_m = (L_{wmax} \times FR) / (N \times Vol)$
STANDING LOSSES: $L_s = 365 \times V_v \times W_v \times K_e \times K_s$

WORKING LOSSES: $L_w = 0.0010 \times M_v \times P_{va} \times Q \times K_n \times K_p$
 $L_{wmax} = 0.0010 \times M_v \times P_{vx} \times Q \times K_n \times K_p$

UNCONTROLLED

TOTAL HOURLY LOSSES: $L_t = (L_s + L_w)$
TOTAL ANNUAL LOSSES: $L_t = (L_s + L_w) / 2000 \text{ lb/ton}$

CONTROLLED

TOTAL HOURLY LOSSES: $L_t = (L_s + L_w) \times (1 - e/100)$
TOTAL ANNUAL LOSSES: $L_t = (L_s + L_w) / 2000 \text{ lb/ton} \times (1 - e/100)$

METEOROLOGICAL CALCULATIONS:

Data Location	Houston, TX	ANNUAL	MAX HRLY
Daily avg. liquid surface temp, R	T _{la}	530.08	545.61
Daily avg. ambient temp, R	T _{aa}	528.25	543.05
Liquid bulk temp, R	T _b	528.27	543.07
Daily solar insulation factor, Btu/ft ² day	I	1351	1898
Atmospheric pressure, psia	P _a	14.7	14.7
Daily max. ambient temp, R	T _{ax}	539.1	553.6
Daily min. ambient temp, R	T _{an}	517.4	532.5
Daily vapor temp. range, R	ΔT _v	22.05	24.23
Daily max. liquid surface temp., R	T _{lx}	535.59	551.67
Daily min. liquid surface temp., R	T _{ln}	524.56	539.55
Solar absorbance factor	a	0.17	0.17

CES Environmental Services

Emissions from Separator Vessel vent - CAS Alternate Control

Transfers into and out of the separator vessel are vapor balanced. Static evaporative losses normally vent to the existing thermal oxidizer (EPN TO-01). During periods of thermal oxidizer down time, the vent is directed to a carbon adsorption system (EPN CAS) consisting of at least two activated carbon canisters connected in series and monitored for breakthrough.

Emissions routed through carbon adsorption system will have a maximum exhaust concentration of 100 ppmv VOC at the outlet of the initial canister.

Tank Identification: VWST-1

EPN: CAS

Emission Calculation:

$$PV = nRT$$

$$n = PV/RT$$

$$n(\text{VOC}) = n * C/1,000,000$$

$$\text{lb} = n * \text{MW} = \text{MW}(PV/RT)$$

$$P = 14.7 \text{ psia}$$

$$V \text{ (hourly)} = 35.5 \text{ ft}^3/\text{hr} \text{ (based on estimated vapor space expansion during static breathing)}$$

$$V \text{ (annual)} = 310715.5 \text{ ft}^3/\text{yr}$$

$$R = 10.73 \text{ (psi} \cdot \text{ft}^3 \text{)/(lbmole} \cdot \text{R)}$$

$$T = 538 \text{ R}$$

$$C = 100 \text{ ppmv VOC}$$

$$\text{moles/hr} \quad \text{moles/yr}$$

$$n = 0.09 \quad 791.22$$

$$n(\text{VOC}) = 9.03\text{E-}06 \quad 7.91\text{E-}02$$

Speciation:

Compound	MW lb/lbmole	Emissions	
		lb/hr	TPY
Butanol	74.124	0.0007	0.0029
Ethanol	46.07	0.0004	0.0018
Isopropanol	60.1	0.0005	0.0024
Methanol	32.04	0.0003	0.0013
Methyl Ethyl Ketone	72.107	0.0007	0.0029
Methyl Isobutyl Ketone	100.162	0.0009	0.0040
Propanol	60.1	0.0005	0.0024
Tetrahydrofuran	72.12	0.0007	0.0029
Toluene	92.14	0.0008	0.0036
Hexane	86.17	0.0008	0.0034
Mineral Oil	150	0.0014	0.0059

Vapor Pressure and Tank Speciation

Speciation of organic emissions from Tanks.

lb/hr tpy
 Tank Emissions @4%= 1.2979 0.1895
 Tank Emissions @30%= 0.0003 0.0013

Organic WW Feed

Partial Pressures assuming max%wt in balance water

Chemical	MW	wt%	Moles lbmole	Liq Mole Fraction	temp 530 R	536 R	525 R	552 R	Vapor Mole Frac	Vapor MW lb/lb mole	Vapor Wt Fraction	lb/hr	tpy
Butanol	74.124	30	0.4047	0.0943	0.0084	0.0106	0.0066	0.0204	0.0247	1.8337	0.0945	0.00003	0.00012
Water	18.0152	70	3.8856	0.9057	0.3305	0.4111	0.2633	0.7419	0.9753	17.5695	0.9055		
Ethanol	46.07	30	0.6512	0.1435	0.1323	0.1582	0.1101	0.2605	0.2974	13.7003	0.5198	0.00015	0.00065
Water	18.0152	70	3.8856	0.8565	0.3125	0.3888	0.2490	0.7016	0.7026	12.6578	0.4802		
Isopropanol	60.1	30	0.4992	0.1138	0.0785	0.0949	0.0846	0.1609	0.1954	11.7424	0.4475	0.00013	0.00056
Water	18.0152	70	3.8856	0.8862	0.3234	0.4023	0.2576	0.7259	0.8046	14.4954	0.5525		
Methanol	32.04	30	0.9363	0.1942	0.3829	0.4511	0.3237	0.7119	0.5656	18.1222	0.6984	0.00020	0.00088
Water	18.0152	70	3.8856	0.8058	0.2940	0.3658	0.2343	0.6601	0.4344	7.8256	0.3016		
Methyl Ethyl Ketone	72.107	30	0.4160	0.0967	0.1481	0.1709	0.1278	0.2551	0.3100	22.3501	0.6426	0.00018	0.00081
Water	18.0152	70	3.8856	0.9033	0.3296	0.4101	0.2626	0.7399	0.6900	12.4313	0.3574		
Methyl Isobutyl Ketone	100.162	30	0.2995	0.0716	0.0414	0.0494	0.0345	0.0804	0.1088	10.9026	0.4044	0.00012	0.00051
Water	18.0152	70	3.8856	0.9284	0.3388	0.4215	0.2699	0.7805	0.8912	16.0543	0.5956		
Propanol	60.1	30	0.4992	0.1138	0.0355	0.0436	0.0288	0.0769	0.0990	5.9517	0.2683	0.00008	0.00034
Water	18.0152	70	3.8856	0.8862	0.3234	0.4023	0.2576	0.7259	0.9010	16.2312	0.7317		
Tetrahydrofuran	72.12	30	0.4160	0.0967	0.2554	0.2929	0.2220	0.4286	0.4366	31.4884	0.7562	0.00022	0.00095
Water	18.0152	70	3.8856	0.9033	0.3296	0.4101	0.2626	0.7399	0.5634	10.1496	0.2438		
Toluene	92.14	30	0.3258	0.0773	0.0347	0.0408	0.0294	0.0640	0.0935	8.6184	0.3454	0.00010	0.00043
Water	18.0152	70	3.8856	0.9227	0.3367	0.4189	0.2682	0.7558	0.9065	16.3301	0.6546		
Hexane	86.17	30	0.3481	0.0822	0.2024	0.2317	0.1762	0.3376	0.3767	32.4586	0.7430	0.00021	0.00093
Water	18.0152	70	3.8856	0.9178	0.3349	0.4166	0.2668	0.7518	0.6233	11.2292	0.2570		
Mineral Oil	150	30	0.2000	0.0490	0.0026	0.0032	0.0022	0.0054	0.0076	1.1339	0.0596	0.00002	0.00007
Water	18.0152	70	3.8856	0.9510	0.3470	0.4317	0.2765	0.7791	0.9824	17.8790	0.9404		

Separated WW

Butanol	74.124	4	0.0540	0.0100	0.0009	0.0011	0.0007	0.0022	0.0025	0.1824	0.0100	0.01304	0.00190
Water	18.0152	96	5.3288	0.9900	0.3612	0.4494	0.2878	0.8109	0.9975	17.9709	0.9900		
Ethanol	46.07	4	0.0668	0.0160	0.0148	0.0177	0.0123	0.0291	0.0395	1.8208	0.0952	0.12357	0.01804
Water	18.0152	96	5.3288	0.9840	0.3591	0.4467	0.2861	0.8060	0.9605	17.3032	0.9048		
Isopropanol	60.1	4	0.0668	0.0123	0.0085	0.0103	0.0070	0.0174	0.0231	1.3861	0.0730	0.09476	0.01383
Water	18.0152	96	5.3288	0.9877	0.3604	0.4484	0.2871	0.8091	0.9789	17.5997	0.9270		
Methanol	32.04	4	0.1248	0.0229	0.0451	0.0532	0.0382	0.0839	0.1124	3.6002	0.1838	0.23851	0.03482
Water	18.0152	96	5.3288	0.9771	0.3566	0.4436	0.2841	0.8004	0.8876	15.9909	0.8182		
Methyl Ethyl Ketone	72.107	4	0.0555	0.0103	0.0158	0.0182	0.0136	0.0272	0.0418	3.0172	0.1488	0.19311	0.02819
Water	18.0152	96	5.3288	0.9897	0.3611	0.4493	0.2877	0.8107	0.9582	17.2614	0.8512		
Methyl Isobutyl Ketone	100.162	4	0.0399	0.0074	0.0043	0.0051	0.0036	0.0084	0.0117	1.1755	0.0619	0.08039	0.01174
Water	18.0152	96	5.3288	0.9926	0.3622	0.4506	0.2885	0.8131	0.9883	17.8038	0.9381		
Propanol	60.1	4	0.0668	0.0123	0.0039	0.0047	0.0031	0.0083	0.0106	0.6354	0.0344	0.04468	0.00652
Water	18.0152	96	5.3288	0.9877	0.3604	0.4484	0.2871	0.8091	0.9894	17.8247	0.9656		
Tetrahydrofuran	72.12	4	0.0555	0.0103	0.0272	0.0312	0.0236	0.0457	0.0701	5.0531	0.2317	0.30076	0.04391
Water	18.0152	96	5.3288	0.9897	0.3611	0.4493	0.2877	0.8107	0.9299	16.7530	0.7683		
Toluene	92.14	4	0.0434	0.0081	0.0036	0.0043	0.0031	0.0067	0.0099	0.9152	0.0488	0.06334	0.00925
Water	18.0152	96	5.3288	0.9919	0.3620	0.4503	0.2884	0.8125	0.9901	17.8363	0.9512		
Hexane	86.17	4	0.0464	0.0086	0.0213	0.0243	0.0185	0.0355	0.0555	4.7818	0.2194	0.28473	0.04157
Water	18.0152	96	5.3288	0.9914	0.3618	0.4500	0.2882	0.8121	0.9445	17.0155	0.7806		
Mineral Oil	150	4	0.0267	0.0050	0.0003	0.0003	0.0002	0.0005	0.0007	0.1110	0.0061	0.00795	0.00116
Water	18.0152	96	5.3288	0.9950	0.3631	0.4517	0.2893	0.8151	0.9993	18.0019	0.9939		

TRANSPORT VESSEL UNLOADING - ORGANIC WASTEWATER FEED

Annual Throughput 1,950,000 gal/yr

260 loads/year

Unloading of organic wastewater feed to separator vessel is vapor balanced back to tank trailer and therefore does not generate displacement emissions.

Before being disconnected the liquid transfer hose is cleared back to the truck, leaving only residual liquid clingage on the hose walls. It is conservatively assumed that all of the residual material in the line evaporates.

The residual vapor in the vapor return line is also assumed to vent to the atmosphere after disconnecting.

TRANSFER LINE DISCONNECTING - VOC

Properties of highest volatile organic compound at 30% mixture with water

Product	Clingage Factor (bbbl/1000 ft ²)	Product Volume (gal)	Density (lb/gal)	Clingage Mass in Line (lb)	VOC Emissions (TPY)	Max Partial Pressure (psia)	Max Vapor MW (lb/lbmole)	Max hourly Temp (°R)	Vapor Mass in Line (lb)	VOC Emissions (TPY)
Organic WW Feed	0.0015	0.01187	8.34	0.0990	0.0129	1.17	41.64	552	1.21E-02	0.0016

Notes:

- Clingage Factor from AP-42 Chapter 7.
- Volume Product = Clingage Factor x Line Surface Area x 42 gal/bbl / 1000
- Mass in Line = (Product Volume x Density)

Hose vapor emission calculation is based on ideal gas law.

$$PV = nRT$$

$$n = (MW \cdot P / R \cdot T)$$

$$R = 10.73 \text{ (psia-ft}^3\text{)/(lbmole-R)}$$

Liquid Line:

L 20 ft

D 3 in

Line Volume (V) 0.98 cu ft

Line Area (A) 188.40 sq ft

$$\text{Where } V = \pi \cdot r^2 \cdot L$$

$$A = \pi \cdot D \cdot L$$

Vapor Line:

L 30 ft

D 3 in

Line Volume (V) 1.47 cu ft

$$\text{Where } V = \pi \cdot r^2 \cdot L$$

Speciation:

Compound	Liquid wt frac	Liquid Line (lb/hr)	(TPY)
Butanol	0.3000	0.0297	0.004
Ethanol	0.3000	0.0297	0.004
Isopropanol	0.3000	0.0297	0.004
Methanol	0.3000	0.0297	0.004
Methyl Ethyl Ketone	0.3000	0.0297	0.004
Methyl Isobutyl Ketone	0.3000	0.0297	0.004
Propanol	0.3000	0.0297	0.004
Tetrahydrofuran	0.3000	0.0297	0.004
Toluene	0.3000	0.0297	0.004
Hexane	0.3000	0.0297	0.004
Mineral Oil	0.3000	0.0297	0.004

Vapor wt frac	Vapor Line (lb/hr)	(TPY)
0.0945	0.0011	0.0001
0.5198	0.0063	0.0008
0.4475	0.0054	0.0007
0.6984	0.0085	0.0011
0.6428	0.0078	0.0010
0.4044	0.0049	0.0006
0.2683	0.0032	0.0004
0.7582	0.0092	0.0012
0.3454	0.0042	0.0005
0.7430	0.0090	0.0012
0.0596	0.0007	0.0001

Total Emissions (lb/hr)	(TPY)
0.0308	0.0040
0.0360	0.0047
0.0351	0.0046
0.0382	0.0050
0.0375	0.0049
0.0346	0.0045
0.0329	0.0043
0.0389	0.0051
0.0339	0.0044
0.0387	0.0050
0.0304	0.0040

1) Composition is based on worst case weight fraction for each component to allow for variation.

Loading Emissions

TRANSPORT VESSEL LOADING - ORGANIC SOLVENTS

Annual Throughput 507,000 gal/yr

85 loads/year

Loading of recovered organic solvents is vapor balanced back to separator vessel and therefore does not generate displacement emissions.

Before being disconnected the loading hose is cleared back to the truck, leaving only residual liquid clingage on the hose walls. It is conservatively assumed that all of the residual material in the line evaporates.

The residual vapor in the vapor return line is also assumed to vent to the atmosphere after disconnecting.

TRANSFER LINE DISCONNECTING - VOC

Properties of highest volatile organic compound at 100%.

Product	Clingage Factor (bbl/1000 ft ²)	Product Volume (gal)	Density (lb/gal)	Clingage Mass in Line (lb)	VOC Emissions (TPY)	Max Partial Pressure (psia)	Max Vapor MW (lb/lbmole)	Max hourly Temp (°R)	Vapor Mass in Line (lb)	VOC Emissions (TPY)
Recovered Solvent	0.0015	0.01187	8.34	0.0990	0.0042	4.43	72.12	552	0.0795	0.0034

Notes:

- Clingage Factor from AP-42 Chapter 7.
- Volume Product = Clingage Factor x Line Surface Area x 42 gal/bbl / 1000
- Mass in Line = (Product Volume x Density)

Hose vapor emission calculation is based on ideal gas law.

$$PV = nRT$$

$$n = (MW \cdot P / R \cdot T)$$

$$R = 10.73 \text{ (psia-ft}^3\text{)/(lbmole-R)}$$

Liquid Line:

L 20 ft

D 3 in

Line Volume (V) 0.98 cu ft

Line Area (A) 188.40 sq ft

$$\text{Where } V = \pi \cdot r^2 \cdot L$$

$$A = \pi \cdot D \cdot L$$

Vapor Line:

L 30 ft

D 3 in

Line Volume (V) 1.47 cu ft

$$\text{Where } V = \pi \cdot r^2 \cdot L$$

Speciation:	Liquid Line			Vapor Line						Total Emissions	
Compound	Liquid wt frac	Liquid Line		Vapor MW (lb/lb mole)	Vapor Press. (psia)	Vapor mass (lb)	Vapor wt frac	Vapor Line			
		(lb/hr)	(TPY)					(lb/hr)	(TPY)	(lb/hr)	(TPY)
Butanol	1.0	0.0990	0.004	74.12	0.216	0.0040	1.0	0.0040	0.0002	0.1030	0.0044
Ethanol	1.0	0.0990	0.004	46.07	1.815	0.0208	1.0	0.0208	0.0009	0.1198	0.0051
Isopropanol	1.0	0.0990	0.004	60.10	1.413	0.0211	1.0	0.0211	0.0009	0.1201	0.0051
Methanol	1.0	0.0990	0.004	32.04	3.666	0.0292	1.0	0.0292	0.0012	0.1282	0.0054
Methyl Ethyl Ketone	1.0	0.0990	0.004	72.11	2.637	0.0473	1.0	0.0473	0.0020	0.1463	0.0062
Methyl Isobutyl Ketone	1.0	0.0990	0.004	100.16	1.123	0.0280	1.0	0.0280	0.0012	0.1270	0.0054
Propanol	1.0	0.0990	0.004	60.10	0.675	0.0101	1.0	0.0101	0.0004	0.1091	0.0046
Tetrahydrofuran	1.0	0.0990	0.004	72.12	4.432	0.0795	1.0	0.0795	0.0034	0.1785	0.0075
Toluene	1.0	0.0990	0.004	92.14	0.828	0.0190	1.0	0.0190	0.0008	0.1180	0.0050
Hexane	1.0	0.0990	0.004	86.17	4.105	0.0880	1.0	0.0871	0.0037	0.1861	0.0079
Mineral Oil	1.0	0.0990	0.004	150.00	0.109	0.0041	1.0	0.0041	0.0002	0.1031	0.0044

1) Composition is based on worst case weight fraction for each component to allow for variation.

EPAAHQ043000757

Loading Emissions

TRANSPORT VESSEL LOADING / UNLOADING - SEPARATED WW

Annual Throughput 1,443,000 gal/yr

192 loads/unloads per year

Loading of recovered wastewater to tank trailer from separator is vapor balanced and therefore does not generate displacement emissions.

Before being disconnected the loading hose is cleared to the truck, leaving only residual liquid clingage on the hose walls. It is conservatively assumed that all of the residual material in the line evaporates.

Unloading of recovered wastewater to receiver tank from tank trailer is vapor balanced and therefore does not generate displacement emissions.

Before being disconnected the unloading hose is cleared to the tank, leaving only residual liquid clingage on the hose walls. It is conservatively assumed that all of the residual material in the line evaporates.

TRANSFER LINE DISCONNECTING - VOC

385 line disconnects/yr (loading and unloading)

Properties of highest volatile organic compound at 4% mixture with water

Product	Clingage Factor (bbt/1000 ft2)	Product Volume (gal)	Density (lb/gal)	Clingage Mass in Line (lb)	VOC Emissions (TPY)	Max Partial Pressure (psia)	Max Vapor MW (lb/lbmole)	Max hourly Temp (R)	Vapor Mass in Line (lb)	VOC Emissions (TPY)
Separated WW	0.0015	0.01187	8.34	0.0990	0.0190	0.86	21.81	552	4.65E-03	0.0009

Notes:

- Clingage Factor from AP-42 Chapter 7.
- Volume Product = Clingage Factor x Line Surface Area x 42 gal/bbl / 1000
- Mass in Line = (Product Volume x Density)

Hose vapor emission calculation is based on ideal gas law.

$$P V = n R T$$

$$n = (MW \cdot P / R \cdot T)$$

$$R = 10.73 \text{ (psia} \cdot \text{ft}^3 \text{)/(lbmole} \cdot \text{R)}$$

Liquid Line:

L 20 ft

D 3 in

Line Volume (V) 0.98 cu ft

Line Area (A) 188.40 sq ft

$$\text{Where } V = \pi \cdot r^2 \cdot L$$

$$A = \pi \cdot D \cdot L$$

Vapor Line:

L 30 ft

D 3 in

Line Volume (V) 1.47 cu ft

$$\text{Where } V = \pi \cdot r^2 \cdot L$$

Speciation:

Compound	Liquid wt frac	Liquid Line (lb/hr)	(TPY)
Butanol	0.0400	0.0040	0.001
Ethanol	0.0400	0.0040	0.001
Isopropanol	0.0400	0.0040	0.001
Methanol	0.0400	0.0040	0.001
Methyl Ethyl Ketone	0.0400	0.0040	0.001
Methyl Isobutyl Ketone	0.0400	0.0040	0.001
Propanol	0.0400	0.0040	0.001
Tetrahydrofuran	0.0400	0.0040	0.001
Toluene	0.0400	0.0040	0.001
Hexane	0.0400	0.0040	0.001
Mineral Oil	0.0400	0.0040	0.001

Vapor wt frac	Vapor Line (lb/hr)	(TPY)
0.0100	0.00005	0.00001
0.0952	0.00044	0.00009
0.0730	0.00034	0.00007
0.1838	0.00085	0.00016
0.1488	0.00069	0.00013
0.0619	0.00029	0.00006
0.0344	0.00016	0.00003
0.2317	0.00108	0.00021
0.0488	0.00023	0.00004
0.2194	0.00102	0.00020
0.0061	0.00003	0.00001

Total Emissions (lb/hr)	(TPY)
0.0040	0.0008
0.0044	0.0008
0.0043	0.0008
0.0048	0.0009
0.0047	0.0009
0.0042	0.0008
0.0041	0.0008
0.0050	0.0010
0.0042	0.0008
0.0050	0.0010
0.0040	0.0008

1) Composition is based on worst case weight fraction for each component to allow for variation.

FUGITIVE EMISSION ESTIMATES

MATERIAL	Stream	VP (psia)	Organic frac	Stream Type LL,HL,G/V	Valves	lbs/hr	Flanges	lbs/hr	Pumps	lbs/hr	Total lb/hr	Days In Service	EMISSIONS	
													(lb/hr)	(ton/yr)
Organic WW Feed	1	1.16852	0.30	LL	24	0.084	60	0.03	1	0.0386	0.0458	365	0.0137	0.0602
Recovered Solvent	2	4.43184	1.00	LL	8	0.028	20	0.01	1	0.0386	0.0766	365	0.0766	0.3355
Separated WW	3	0.85637	0.04	LL	32	0.112	80	0.04	2	0.0772	0.0092	365	0.0004	0.0016
													0.0907	0.3973

Vapor pressure is the highest compound mixture.

SOCMI Factors	Valves	Flanges	G/V V/v	G/V Eng	Pumps	Relief V/V	Agitator
Light Liquid (LL)	0.0035	0.0005	--	--	0.0386	--	0.0005
Gas / Vapor (G/V)	--	--	0.0089	0.0029	--	0.2293	--
Heavy Liquid (HL)	0.0007	0.00007	--	--	0.0161	--	0.00007

No monitoring efficiencies are claimed for this process.

Speciation	Total		
	lb/hr	TPY	
Organic WW Feed	0.0137	0.0602	@30%
Recovered Solvent	0.0766	0.3355	@100%
Separated WW	0.0004	0.0016	@4%
Total	0.0907	0.3973	

Total is only organic component of the mixture.

Speciation

Name	Emissions	
	lb/hr	ton/yr
Butanol	0.0907	0.3973
Ethanol	0.0907	0.3973
Isopropanol	0.0907	0.3973
Methanol	0.0907	0.3973
Methyl Ethyl Ketone	0.0907	0.3973
Methyl Isobutyl Ketone	0.0907	0.3973
Propanol	0.0907	0.3973
Tetrahydrofuran	0.0907	0.3973
Toluene	0.0907	0.3973
Hexane	0.0907	0.3973
Mineral Oil	0.0907	0.3973

1) Composition is based on worst case weight fraction for each component to allow for variation.

ATTACHMENT B

PBR AUTHORIZATIONS BY EQUIPMENT

EQUIPMENT	EPN	DESCRIPTION	AUTHORIZATION	
			EQUIPMENT	EMISSIONS
VWST-1	TO-01	VOC/Water Separator Vessel	106.532	106.261/106.262
T-2	T-2	Wastewater Receiving Tank	106.532 or 106.472(2)	106.261/106.262
T-3	T-3	Wastewater Treatment Tank	106.532(D), (I) & (J)	106.261/106.262
T-4	T-4	Wastewater Clarifier Tank	106.532(G)	106.261/106.262
Loading / Unloading	VWS-LDG	Material Loading / Unloading	106.472(2) / 106.473(4) / 106.261	106.261/106.262
Fugitives	VWS-FUG	Organic Process Fugitives	106.261 / 106.262	106.261/106.262

Equipment PBR Applicability

VOC/Water separator vessel [106.532]

The vessel is used to accomplish the liquid phase separation of VOC and water. The vessel is vented to a direct flame combustion device (thermal oxidizer unit; Standard Permit No. 86272) operated at a combustion chamber temperature of 1400°F and equipped with a continuous temperature monitor and recorder for compliance verification.

Wastewater receiving tank [106.472(2) or 106.532]

The tank is used to receive and store wastewater prior to treatment.

Wastewater treatment tank [106.532(I) & (J)]

The tank is used to treat the wastewater via pH adjustment (neutralization) and flocculation and settling (sedimentation) of solids.

Wastewater clarifier tank [106.532(G)]

The tank is used for wastewater clarification prior to discharge or disposal.

Material Loading/Unloading [106.472(2)]

Equipment used for tank trailer loading and unloading of the aqueous wastewater feed and separated wastewater streams.

Material Loading/Unloading [106.473(4)]

Equipment used for tank trailer loading of the recovered organic solvents.

Material Loading/Unloading [106.261]

Equipment used for tank trailer loading of the recovered Methyl Ethyl Ketone (MEK) solvent (listed in 40 CFR 261, Appendix VIII).

Fugitives [106.261/106.262]

Potential fugitive leaks from equipment and piping components.

FORMS



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

I. REGISTRANT INFORMATION				
A. TCEQ Customer Reference Number:		CN-600618946	TCEQ Regulated Entity Number:	RN-100693282
<i>Note: If "NO," CN or RN number was entered above; please fill out the required Core Data Form, which will be available in Step II of the submittal process.</i>				
B. Company or Other Legal Customer Name: CES Environmental Services, Inc.				
Company Official Contact Name: Matt Bowman			Title: President	
Mailing Address: 4904 Griggs Road				
City: Houston		State: Texas		Zip Code: 77021
Phone No.: 713-676-1460		Fax No.: 713-676-1676		E-mail Address: mbowman@cesenviormental.com
C. Technical Contact Name: Philip Evans			Title: Director Technical Services	
Company: The WCM Group, Inc.				
Mailing Address: P.O. Box 3247				
City: Humble		State: Texas		Zip Code: 77347
Phone No.: 281-446-7070		Fax No.: 281-446-3348		E-mail Address: pevans@wcmgroup.com
D. Facility Location Information - Street Address: 4904 Griggs Road				
<i>If "NO," street address, provide written driving directions to the site: (attach description if additional space is needed)</i>				
City: Houston		County: Harris		Zip Code: 77021
II. FACILITY AND SITE INFORMATION				
A. Name and Type of Facility: CES Environmental Services, Inc.				<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Portable
B. PBR claimed under 30 TAC § 106 (List all):				
§ 106.261		§ 106.473		
§ 106.262		§ 106.532		
§ 106.472		§ 106.		
Are you claiming a historical standard exemption or PBR?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>If "YES," enter effective date and Rule Number:</i>				



Texas Commission on Environmental Quality
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Certification and Registration for Permits by Rule

II. FACILITY AND SITE INFORMATION (continued)			
C. Is there a previous Standard Exemption or PBR for the facility in this registration? (Attach details regarding changes.)			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter Registration Number and Rule Number:			
D. Are there any other facilities at this site which are authorized by an Air Standard Exemption or PBR?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If "YES," enter Registration Number and Rule Number:			83798, 84713, 86772 261, 262, 472, 532
E. Are there any other air preconstruction permits at this site?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter Permit Numbers:			X-15980 86272
Are there any other air preconstruction permits at this site that would be directly associated with this project?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter Permit Numbers:			86272
F. Is this facility located at a site which is required to obtain a federal operating permit pursuant to 30 TAC Chapter 122?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> To be determined
If the site currently has an existing federal operating permit, enter the permit number:			
Identify the requirements of 30 TAC Chapter 122 that will be triggered if this certification is accepted.			
<input type="checkbox"/> Initial Application for an FOP		<input type="checkbox"/> Significant Revision for an SOP	
<input type="checkbox"/> Operational Flexibility/off Permit Notification for an SOP		<input type="checkbox"/> Minor Revision for an SOP	
<input type="checkbox"/> Revision for GOP		<input type="checkbox"/> To be Determined	
<input checked="" type="checkbox"/> None			
Identify the type(s) issued and/or FOP application(s) submitted/pending for the site. (Check all that apply)			
<input type="checkbox"/> SOP		<input type="checkbox"/> GOP	
<input type="checkbox"/> GOP application/revision application: Submitted or under APD review.		<input type="checkbox"/> SOP application/revision application: submitted or under APD review.	
<input type="checkbox"/> N/A			
G. TCEQ Account Identification Number (if known):		HG 1270 B	
III. FEE INFORMATION			
To determine if a fee is required answer the following question. If "YES," to question III. A., a fee is not required, skip to Section IV. If "NO," to answer II. A., then go to Section III. B. See Section VI. for address to send fee or go to www.2.tceq.state.tx.us/epay to pay online.			
A. Is this registration an update to a previously registered facility and accompanied by a Certification Form solely to establish a federally enforceable emission limit?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. What is the fee amount?			



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

III. FEE INFORMATION <i>(continued)</i>			
<i>If "YES," to any of the following three questions, a \$100 fee is require. Otherwise, a \$450 fee is required.</i>			
Does this business have less than 100 employees?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Does this business have less than 6 million dollars in annual gross receipts?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Is this registration submitted by a governmental entity with a population of less than 10,000?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. Check/Money Order or Transaction Number <i>(Payable to TCEQ)</i> :		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Was fee Paid online? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Company name of check: The WCM Group Inc.		Fee amount:	\$ 450
IV. SELECTED FACILITY REVIEWS ONLY—TECHNICAL INFORMATION			
<i>Note: If claiming one of the following PBRs, complete this section, then skip to Section VI, "Submitting your registration" below:</i>			
<i>Animal Feeding Operations § 106.161, Livestock Auction Facilities § 106.162, Saw Mills § 106.223, Grain Handling, Storage and Drying § 106.283, Auto Body Refinishing Facilities §106.436, and Air Curtain Incinerator § 106.496</i>			
A. Is the applicable PBR checklist attached which shows the facility meets all general and specific requirements of the PBR(s) being claimed? <i>(If submitting electronically, click "YES.")</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Distance from this facility's emission release point to the nearest property line:		feet	
Distance from this facility's emission release point to the nearest off-property structure:		feet	
V. TECHNICAL INFORMATION INCLUDING STATE AND FEDERAL REGULATORY REQUIREMENTS <i>Registrants must be in compliance with all applicable state and federal regulations and standards to claim a PBR.</i>			
A. Is confidential information submitted and properly marked "CONFIDENTIAL" with this registration?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. Is a process flow diagram or a process description attached?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. Are emissions data and calculations for this claim attached?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
D. Is information attached showing how the general requirements (30 TAC § 106.4) of the PBR is met for this Registration? <i>(PBR checklists may be used, but are optional)</i>			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i>Note: Please be reminded that if the facilities listed in this registration are subject to the Mass Emissions Cap & Trade program under 30 TAC Chapter 101, Subchapter H, Division 3, the owner/operator of these facilities must possess NO_x allowances equivalent to the actual NO_x emissions from these facilities.</i>			
E. Is information attached showing how the specific PBR requirements are met for this registration? <i>(PBR checklist may be used, but are optional)</i>			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
F. Distance from this facility's emission release point to the nearest property line:		>100 feet	
Distance from this facility's emission release point to the nearest off-property structure:		125 feet	
<i>Note: In limited cases, a map or drawing of the site and surrounding land use may be requested during the technical review or at the request of the TCEQ Regional Office or local air pollution control program during an investigation.</i>			



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

VI. SIGNATURE FOR CERTIFICATION AND REGISTRATION

The signature below indicates that the Responsible Official has knowledge of the facts herein set forth and that the same are true, accurate, and complete to the best of my knowledge and belief. By this signature, the maximum emission rates listed on this certification reflect the maximum anticipated emissions due to the operation of this facility and all representations in this certification of emissions are conditions upon which the facilities and sources will operate. It is understood that it is unlawful to vary from these representations unless the certification is first revised. The signature certifies that to the best of the Responsible Official's knowledge and belief, the project will satisfy the conditions and limitations of the indicated exemption or permit by rule and the facility will operated in compliance with all regulations of the Texas Commission on Environmental Quality and with Federal U.S. Environmental Protection Agency regulations governing air pollution. The signature below certifies that, based on information and belief formed after reasonable inquiry, the statements and information above and contained in the attached document(s) are true, accurate, and complete. If you questions on how to fill out this form or about air quality permits. Please call 512/239-1250. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, call 512/239-3282.

SIGNATURE: Matt Brown
 (ORIGINAL SIGNATURE REQUIRED)

DATE: 12-30-08

VII. SUBMITTING COPIES OF THE CERTIFICATION AND REGISTRATION

Copies must be sent as listed below:
 Processing delays may occur if copies are not sent as noted.

Who	Where	What
Air Permits Initial Review Team (APIRT)	Regular, Certified, Priority Mail MC161, P.O. Box 13087 Austin, Texas 78711-3087 Hand Delivery, Overnight Mail MC 161, 12100 Park 35 Circle, Building C, Third Floor Austin, Texas 78753 Fax No.: (512) 239-2123 (do not follow fax with paper copies)	Originals Form PI-7, Core Data Form. and all attachments
Revenue Section, TCEQ	Regular, Certified, Priority Mail MC 214, P.O. Box 13088 Austin, Texas 78711-3088 Hand Delivery, Overnight Mail MC 214, 12100 Park 35 Circle, Building A, Third Floor Austin, Texas 78753	Original Money Order or Check Copy of Form PI-7 and Core Data Form
Appropriate TCEQ Regional Office	To find your Regional Office address, go to the TCEQ Web site at www.tceq.state.tx.us , or call (512) 239-1250.	Copy of Form PI-7, Core Data Form, and all attachments.
Appropriate Local Air Pollution Control Program(s)	To Find your local or Regional Air Pollution Control Programs go to the TCEQ, APD Website at www.tceq.state.tx.us/nav/permits/air_permits.html or call (512) 239-1250	Copy of Form PI-7, Core Data Form, and all attachments.

Title 30 Texas Administrative Code § 106.261
Permit By Rule (PBR) Checklist
Facilities (Emission Limitations)

Electronic Submittal - Only enter the PI-7 confirmation number here
Hard-Copy Submittal - Print and complete the following checklist.

if submitting electronically.

The following checklist is designed to help you confirm that you meet Title 30 Texas Administrative Code § 106.261 (30 TAC § 106.261) requirements. If you do not meet all the requirements, you may alter the project design or operation in such a way that all the requirements of the PBR are met or you may obtain a construction permit. The PBR forms, tables, checklists and guidance documents are available from the Texas Commission on Environmental Quality (TCEQ), Air Permits Division Web site at, www.tceq.state.tx.us/nav/permits/air_permits.html.

CHECK THE MOST APPROPRIATE ANSWER																																																				
Is a description or checklist of how this claim meets the general requirements for the use of PBRs in 30 TAC § 106.4 attached?			X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																	
b1	Is this claim for construction of a facility authorized in another section of this chapter or for which a standard permit is in effect? <i>If "YES," this PBR cannot be used to authorize emissions from the project</i>			<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A																																																
b2	Is this claim for any change to any facility authorized under another section of this chapter or authorized under a standard permit? <i>If "YES," this PBR cannot be used to authorize emissions from the project</i>			<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A																																																
a1	Are facilities or changes located at least 100 feet from any recreational area or residence or other structure not occupied or used solely by the owner or operator of the facilities or the owner of the property upon which the facilities are located?			X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
a2	Are total new or increased emissions, including fugitives, less than or equal to 6.0 pounds per hour (lb/hr) and ten tons per year of the following materials (check all that apply):			X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
<table border="0"> <tbody> <tr> <td><input type="checkbox"/> acetylene</td> <td><input type="checkbox"/> helium</td> <td><input type="checkbox"/> propyl ether</td> <td><input type="checkbox"/> limestone</td> </tr> <tr> <td><input type="checkbox"/> argon</td> <td><input type="checkbox"/> isohexane</td> <td><input type="checkbox"/> sulfur dioxide</td> <td><input type="checkbox"/> magnesite</td> </tr> <tr> <td><input type="checkbox"/> butane</td> <td>X <input type="checkbox"/> isopropyl alcohol</td> <td><input type="checkbox"/> alumina</td> <td><input type="checkbox"/> marble</td> </tr> <tr> <td><input type="checkbox"/> crude oil</td> <td><input type="checkbox"/> methyl acetylene</td> <td><input type="checkbox"/> calcium carbonate</td> <td><input type="checkbox"/> pentaerythritol</td> </tr> <tr> <td><input type="checkbox"/> carbon monoxide</td> <td><input type="checkbox"/> methyl chloroform</td> <td><input type="checkbox"/> calcium silicate</td> <td><input type="checkbox"/> plaster of paris</td> </tr> <tr> <td><input type="checkbox"/> cyclohexane</td> <td><input type="checkbox"/> methyl cyclohexane</td> <td><input type="checkbox"/> cellulose fiber</td> <td><input type="checkbox"/> silicon</td> </tr> <tr> <td><input type="checkbox"/> cyclohexene</td> <td><input type="checkbox"/> neon</td> <td><input type="checkbox"/> cement dust</td> <td><input type="checkbox"/> silicon carbide</td> </tr> <tr> <td><input type="checkbox"/> cyclopentan</td> <td><input type="checkbox"/> nonan</td> <td><input type="checkbox"/> emery dust</td> <td><input type="checkbox"/> starch</td> </tr> <tr> <td><input type="checkbox"/> ethyl acetate</td> <td><input type="checkbox"/> oxides of nitrogen</td> <td><input type="checkbox"/> glycerin mist</td> <td><input type="checkbox"/> sucrose</td> </tr> <tr> <td>X <input type="checkbox"/> ethanol</td> <td><input type="checkbox"/> propane</td> <td><input type="checkbox"/> gypsum</td> <td><input type="checkbox"/> zinc stearate</td> </tr> <tr> <td><input type="checkbox"/> ethyl ether</td> <td>X <input type="checkbox"/> propyl alcohol</td> <td><input type="checkbox"/> iron oxide dust</td> <td><input type="checkbox"/> zinc oxide</td> </tr> <tr> <td><input type="checkbox"/> ethylene</td> <td><input type="checkbox"/> propylene</td> <td><input type="checkbox"/> kaolin</td> <td></td> </tr> </tbody> </table>					<input type="checkbox"/> acetylene	<input type="checkbox"/> helium	<input type="checkbox"/> propyl ether	<input type="checkbox"/> limestone	<input type="checkbox"/> argon	<input type="checkbox"/> isohexane	<input type="checkbox"/> sulfur dioxide	<input type="checkbox"/> magnesite	<input type="checkbox"/> butane	X <input type="checkbox"/> isopropyl alcohol	<input type="checkbox"/> alumina	<input type="checkbox"/> marble	<input type="checkbox"/> crude oil	<input type="checkbox"/> methyl acetylene	<input type="checkbox"/> calcium carbonate	<input type="checkbox"/> pentaerythritol	<input type="checkbox"/> carbon monoxide	<input type="checkbox"/> methyl chloroform	<input type="checkbox"/> calcium silicate	<input type="checkbox"/> plaster of paris	<input type="checkbox"/> cyclohexane	<input type="checkbox"/> methyl cyclohexane	<input type="checkbox"/> cellulose fiber	<input type="checkbox"/> silicon	<input type="checkbox"/> cyclohexene	<input type="checkbox"/> neon	<input type="checkbox"/> cement dust	<input type="checkbox"/> silicon carbide	<input type="checkbox"/> cyclopentan	<input type="checkbox"/> nonan	<input type="checkbox"/> emery dust	<input type="checkbox"/> starch	<input type="checkbox"/> ethyl acetate	<input type="checkbox"/> oxides of nitrogen	<input type="checkbox"/> glycerin mist	<input type="checkbox"/> sucrose	X <input type="checkbox"/> ethanol	<input type="checkbox"/> propane	<input type="checkbox"/> gypsum	<input type="checkbox"/> zinc stearate	<input type="checkbox"/> ethyl ether	X <input type="checkbox"/> propyl alcohol	<input type="checkbox"/> iron oxide dust	<input type="checkbox"/> zinc oxide	<input type="checkbox"/> ethylene	<input type="checkbox"/> propylene	<input type="checkbox"/> kaolin	
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<input type="checkbox"/> refinery petroleum fractions (except for pyrolysis naphthas and pyrolysis gasoline) containing less than ten volume percent benzene <input type="checkbox"/> fluorocarbons Numbers 11, 12, 13, 14, 21, 22, 23, 113, 114, 115, and 116																																																				
a3	Are total new or increased emissions, including fugitives, less than or equal to 1.0 lb/hr of any chemical having a limit value (L) greater than 200 milligrams per cubic meter (mg/m ³) as listed and referenced in Table 262 of 30 TAC § 106.262 of this title (relating to Facilities (Emission and Distance Limitations)? List chemical: <u>see calculations</u> L value: <u>see calculations</u>			X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
Are total new or increased emissions, including fugitives, less than or equal to 1.0 lb/hr of any chemical not listed or referenced in Table 262? List chemical: _____				<input type="checkbox"/> YES <input type="checkbox"/> NO X N/A																																																

<p>Are total new or increased emissions, including fugitives, of a chemical with a limit value of less than 200 mg/m³? If "Yes" the authorization of the chemical is not allowed under this section. We suggest you use 30 TAC §106.262 to authorize the emissions, if applicable.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
<p>a4 Are there any changes to or additions of any existing air pollution abatement equipment?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
<p>a5 Will there be any visible emissions, except uncombined water, emitted to the atmosphere from any point or fugitive source in amounts greater than 5.0% opacity in any six-minute period?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
<p>a6 Are emission increases five tons per year or greater? If "YES," this checklist must be attached to a Form PI-7 within ten days following the installation or modification of the facilities. The notification shall include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any.</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
<p>a7 Are emission increases less than five tons per year? If "YES," this checklist must be attached to a Form PI-7 and include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any. (pick one):</p> <p><input checked="" type="checkbox"/> Within ten days following the installation or modification of the facilities. The notification shall include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any; or</p> <p><input type="checkbox"/> By March 31 of the following year summarizing all uses of this permit by rule in the previous calendar year.</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A



Title 30 Texas Administrative Code § 106.262
Permit by Rule (PBR) Checklist
Facilities (Emission and Distance Limitations)

Electronic Submittal - Only enter the PI-7 confirmation number here if submitting electronically.

Hard-Copy Submittal - Print and complete the following checklist.

The following checklist is designed to help you confirm that you meet Title 30 Texas Administrative Code § 106.262 (30 TAC § 106.262) requirements. If you do not meet all the requirements, you may alter the project design or operation in such a way that all the requirements of the PBR are met or you may obtain a construction permit. The PBR forms, tables, checklists and guidance documents are available from the Texas Commission on Environmental Quality (TCEQ), Air Permits Division Web site at, www.tceq.state.tx.us/nav/permits/air_permits.html.

CHECK THE MOST APPROPRIATE ANSWER			
Is a description or checklist of how this claim meets the general requirements for the use of PBRs in 30 TAC § 106.4 attached?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
b1.	Is this claim for construction of a facility authorized in another section of this chapter or for which a standard permit is in effect? <i>If "YES," this PBR cannot be used to authorize emissions from the project.</i>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
b2.	Is this claim for any change to any facility authorized under another section of this chapter or authorized under a standard perm? <i>If "YES," this PBR cannot be used to authorize emissions from the project.</i>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
c.	Is the facility authorized under another section of this chapter or under a standard permit? <i>If "YES," subsection (a)(2) and (3) of this section may be used to qualify the use of other chemicals at the facility.</i>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
a1.	Are facilities or changes located at least 100 feet from any recreational area or residence or other structure not occupied or used solely by the owner or operator of the facilities or the owner of the property upon which the facilities are located?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
a2.	Are new or increased emissions, including fugitives, emitted in a quantity less than five tons per year or in a quantity less than E as determined by using the equation $E=L/K$? See Table 262 Figures 1 and 2. <i>If "YES," the notification shall include a description of the project, calculations for all emissions being claimed under this PBR:</i>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
Chemical: <u>n-butanol; tetrahydrofuran; toluene; hexane</u> L value: <u>76; 590; 188; 176</u> D: <u>125</u> K: <u>290</u>			
a3.	Is this checklist attached to a Form PI-7 within ten days following the installation or modification of the facilities? <i>If "YES," the notification shall include a description of the project, calculations, and data identifying specific chemical names, L values, and a description of pollution control equipment, if any..</i>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
a4. Are one or more of the following chemicals is handled for this registration? (Check all that apply) <i>If "YES," answer the following four questions.</i>		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
<input type="checkbox"/> acrolein <input type="checkbox"/> allyl chloride <input type="checkbox"/> ammonia (anhydrous) <input type="checkbox"/> arsine <input type="checkbox"/> boron trifluoride <input type="checkbox"/> bromine <input type="checkbox"/> carbon disulfide <input type="checkbox"/> chlorine <input type="checkbox"/> chlorine dioxide <input type="checkbox"/> chlorine trifluoride <input type="checkbox"/> chloroacetaldehyde <input type="checkbox"/> chloropicrin <input type="checkbox"/> chloroprene	<input type="checkbox"/> diazomethane <input type="checkbox"/> diborane <input type="checkbox"/> diglycidyl ether <input type="checkbox"/> dimethylhydrazine <input type="checkbox"/> ethyleneimine <input type="checkbox"/> ethyl mercaptan <input type="checkbox"/> fluorine <input type="checkbox"/> formaldehyde (anhydrous) <input type="checkbox"/> hydrogen bromide <input type="checkbox"/> hydrogen chloride <input type="checkbox"/> hydrogen cyanide <input type="checkbox"/> hydrogen fluoride <input type="checkbox"/> hydrogen selenide	<input type="checkbox"/> hydrogen sulfide <input type="checkbox"/> ketene <input type="checkbox"/> methylamine <input type="checkbox"/> methyl bromide <input type="checkbox"/> methyl hydrazine <input type="checkbox"/> methyl isocyanate <input type="checkbox"/> methyl mercaptan <input type="checkbox"/> nickel carbonyl <input type="checkbox"/> nitric acid <input type="checkbox"/> nitric oxide <input type="checkbox"/> nitrogen dioxide <input type="checkbox"/> oxygen difluoride	<input type="checkbox"/> ozone <input type="checkbox"/> pentaborane <input type="checkbox"/> perchloromethyl mercaptan <input type="checkbox"/> perchloryl fluoride <input type="checkbox"/> phosgene <input type="checkbox"/> phosphine <input type="checkbox"/> phosphorus trichloride <input type="checkbox"/> selenium <input type="checkbox"/> hexafluoride stibine <input type="checkbox"/> liquefied sulfur dioxide <input type="checkbox"/> sulfur pentafluoride <input type="checkbox"/> tellurium hexafluoride



Title 30 Texas Administrative Code § 106.262
Permit by Rule (PBR) Checklist
Facilities (Emission and Distance Limitations)

Are all facilities are located at least 300 feet from the nearest property line and 600 feet from any off-plant receptor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Are the cumulative amount of any of the following chemicals resulting from one or more authorizations under this section (but not including permit authorizations) less than or equal to 500 pounds on the plant property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Are all listed chemicals handled only in unheated containers operated in compliance with the United States Department of Transportation regulation (49 Code of Federal Regulation, Parts 171-178)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Are any changes to or additions of any existing air pollution abatement equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
a5. Are there any changes to or additions of any existing air pollution abatement equipment?	<input type="checkbox"/> YES	X NO	<input type="checkbox"/> N/A
a6. Will there be any visible emissions, except uncombined water, emitted to the atmosphere from any point or fugitive source in amounts greater than 5.0% opacity in any six-minute period?	<input type="checkbox"/> YES	X NO	<input type="checkbox"/> N/A

D, Feet	K	
100	326	E=maximum allowable hourly emission, and never to exceed 6 pounds per hour.
200	200	
300	139	
400	104	
600	65	
700	54	
800	46	K=value from the table on this page. (interpolate intermediate values)
900	39	
1,000	34	
2,000	14	D=distance to the nearest off-plant receptor
3,000 or more	8	

TABLE 262
LIMIT VALUES (L) FOR USE WITH EXEMPTIONS FROM PERMITTING § 106.262

The values are not to be interpreted as acceptable health effects values relative to the issuance of any permits under Chapter 116 of this title (relating to Control of Air Pollution by Permits for new Construction or Modification).

<u>Compound</u>	<u>Limit (L) Milligrams Per Cubic Meter</u>
Acetone	590.
Acetaldehyde	9.
Acetone	4.
Acetonitrile	34.
Acetylene	2662.
N-Amyl Acetate	2.7
Sec-Amyl Acetate	1.1
Benzene	3.
Beryllium and Compounds	0.0005
Boron Trifluoride, as HF	0.5
Butyl Alcohol,	76.
Butyl Acrylate	19.
Butyl Chromate	0.01
Butyl Glycidyl Ether	30.
Butyl Mercaptain	0.3
Butyraldehyde	1.4
Butyric Acid	1.8
Butyronitrile	22.
Carbon Tetrachloride	12.
Chloroform	10.
Chlorophenol	0.2
Chloroprene	3.6
Chromic Acid	0.01
Chromium Metal, Chromium II and III Compounds	0.1
Chromium VI Compounds	0.01
Coal Tar Pitch Volatiles	0.1
Creosote	0.1
Cresol	0.5
Cumene	50.
Dicyclopentadiene	3.1
Diethylaminoethanol	5.5
Diisobutyl Ketone	63.9
Dimethyl Aniline	6.4
Dioxane	3.6

<u>Compound</u>	<u>Limit (L) Milligrams Per Cubic Meter</u>
Dipropylamine	8.4
Ethyl Acrylate	0.5
Ethylene Dibromide	0.38
Ethylene Glycol	26.
Ethylene Glycol Dinitrate	0.1
Ethylidene 2-norbornene, 5-	7.
Ethyl Mercaptan	0.08
Ethyl Sulfide	1.6
Glycolonitrile	5.
Halothane	16.
Heptane	350.
Hexanediamine, 1, 6-	0.32
Hydrogen Chloride	1.
Hydrogen Fluoride	0.5
Hydrogen Sulfide	1.1
Isoamyl Acetate	133.
Isoamyl Alcohol	15.
Isobutyronitrile	22.
Kepone	0.001
Kerosene	100.
Malononitrile	8.
Mesityl Oxide	40.
Methyl Acrylate	5.8
Methyl Amyl Ketone	9.4
Methyl-T-Butyl Ether	45.
Methyl Butyl Ketone	4.
Methyl Disulfide	2.2
Methylenebis (2-chloroaniline) (MOCA)	0.003
Methylene Chloride	26.
Methyl Isoamyl Ketone	5.6
Methyl Mercaptan	0.2
Merthyl Methacrylate	34.
Methyl Propyl Ketone	530.
Methyl Sulfide	0.3
Mineral Spirits	350.
Naphtha	350.
Nickel, Inorganic Compounds	0.015
Nitroglycerine	0.1

<u>Compound</u>	<u>Limit (L) Milligrams Per Cubic Meter</u>
Nitropropane	5.
Octane	350.
Parathion	0.05
Pentane	350.
Perchloroethylene	33.5
Petroleum Ether	350.
Phenyl Mercaptan	0.4
Propionitrile	14.
Propyl Acetate	62.6
Propylene Oxide	20.
Propyl Mercaptan	0.23
Silica-amorphous-precipitated, silica gel	4.
Silicon Carbide	4.
Stoddard Solvent	350.
Styrene	21.
Succinonitrile	20.
Tolidin	0.02
Trichloroethylene	135.
Trinethylamine	0.1
Valeric Acid	0.34
Vinyl Acetate	15.
Vinyl Chloride	2.

NOTE: The time weighted average (TWA) threshold Limit Value (TLV) published by the American Conference of Governmental Industrial Hygienists (ACGIH), in its TLVs and BEIs guide (1997 Edition) shall be used for compounds not included in the table. The Short Term Exposure Level (STEL) or Ceiling Limit (annotated with a "C") published by the ACGIH shall be used for compounds that do not have a published TWA TLV. This section cannot be used if the compound is not listed in the table or does not have a published TWA TLV, STEL, or Ceiling Limit in the ACGIH TLVs and BEIs guide.



Texas Commission on Environmental Quality

Exemption §106.472 Checklist (Previously Standard Exemption 51)

Organic Liquid Loading and Unloading

The following checklist is designed to help you confirm that you meet §106.472, previously Standard Exemption 51 (STDX 51), requirements. **Any "no" answers indicate that the claim of registration may not meet all requirements for the use of Exemption §106.472, previously Standard Exemption 51.** If you do not meet all the requirements, you may alter the project design/operation in such a way that all the requirements of the exemption are met, or obtain a construction permit.

<u>YES</u>	<u>NO</u>	<u>NA</u>	<u>DESCRIPTION</u>
<u>X</u>	—	—	Have you included a description of how this exemption claim meets the general rule for the use of exemptions (§106, Subchapter A checklist is available)?
<u>X</u>	—	—	Are all the facilities claimed for exemption specifically named in the general section of §106.472, previously STDX 51? (This exemption has been interpreted to allow mixing or blending but <u>not</u> chemical reaction in tankage.)
<u>X</u>	—	—	Is the equipment designed to prevent visible emissions?
<u>X</u>	—	—	Are all the chemicals to be loaded, unloaded, or stored described in §106.472, previously STDX 51(a) - (i)? Attach a list of the chemicals and identify the appropriate item of §106.472, previously STDX 51 that applies. Include additional supporting data. For example, a §106.472, previously STDX 51(i), claim should identify initial boiling points of all compounds to be covered.
—	—	<u>X</u>	Will aqueous ammonia solutions, hydrochloric acid, or acetic acid be vented through a water scrubber?
—	—	<u>X</u>	Are facilities loading, unloading, or storing butyric acid, isobutyric acid, methacrylic acid, mercaptans, croton oil, 2-methyl styrene, or any other compound with an initial boiling point of 300 degrees F or greater listed in 40 CFR 261, Appendix VIII, located at least 500 feet from any recreational area or residence or other structure not occupied or used solely by the owner or operator of the facility or the owner of the property upon which the facility is located? List these compounds and show their handling location on an attached scaled plot plan.



Texas Commission on Environmental Quality

Exemption §106.473 Checklist (Previously Standard Exemption 53)

Organic and Inorganic Liquid Loading and Unloading

The following checklist is designed to help you can confirm that you meet Exemption §106.473, previously standard exemption 53 (STDX 53) requirements. **Any "no" answers indicate that the claim of registration may not meet all requirements for the use of Exemption §106.473, previously standard exemption 53.**

If you do not meet all the requirements, you may alter the project design/operation in such a way that all the requirements of the exemption are met, or obtain a construction permit.

<u>YES</u>	<u>NO</u>	<u>NA</u>	<u>DESCRIPTION</u>
<u>X</u>	—	—	Have you included a description of how this exemption claim meets the general rule for the use of exemptions (§106.4 checklist is available)?
<u>X</u>	—	—	Are all the facilities claimed for exemption specifically named in the general section of §106.473, previously STDX 53? Attach a description.
<u>X</u>	—	—	Are all uncontrolled emissions, calculated using the version of AP-42 in effect at the time, less than 25 TPY of organic compounds or of any other air contaminant? Attach calculations.
<u>X</u>	—	—	Will the loading rate of the facilities always be less than 20,000 gallons per day averaged over any consecutive 30-day period?
—	—	<u>X</u>	Is the capacity of each tank less than or equal to 25,000 gallons (40,000 gallons for storage of sweet crude oil, sweet natural gas condensate, gasoline, and petroleum fuels)?
<u>X</u>	—	—	Are all the chemicals to be loaded, unloaded, or stored described in §106.473(4)(A) & (B), previously STDX 53(d)(1) & (2)? Attach a list of the chemicals.
<u>X</u>	—	—	Will the facilities meet the applicable requirements of 30 TAC 115?
<u>X</u>	—	—	Have you checked 40 CFR 261, Appendix VIII to ensure that no listed compound is to be loaded, unloaded, or stored under this exemption?



Texas Commission on Environmental Quality

Exemption §106.532 Checklist (Previously Standard Exemption 61)

Water and Waste Water Treatment Units

The following checklist has been designed to help you confirm that you meet Exemption §106.532, previously standard exemption 61 (STDX 61), requirements. **Any "no" answers indicate that the claim of exemption may not meet all requirements for the use of Exemption §106.532, previously standard exemption 61.** If you do not meet all the requirements, you may alter the project design/operation in such a way that all the requirements of the exemption are met or obtain a construction permit.

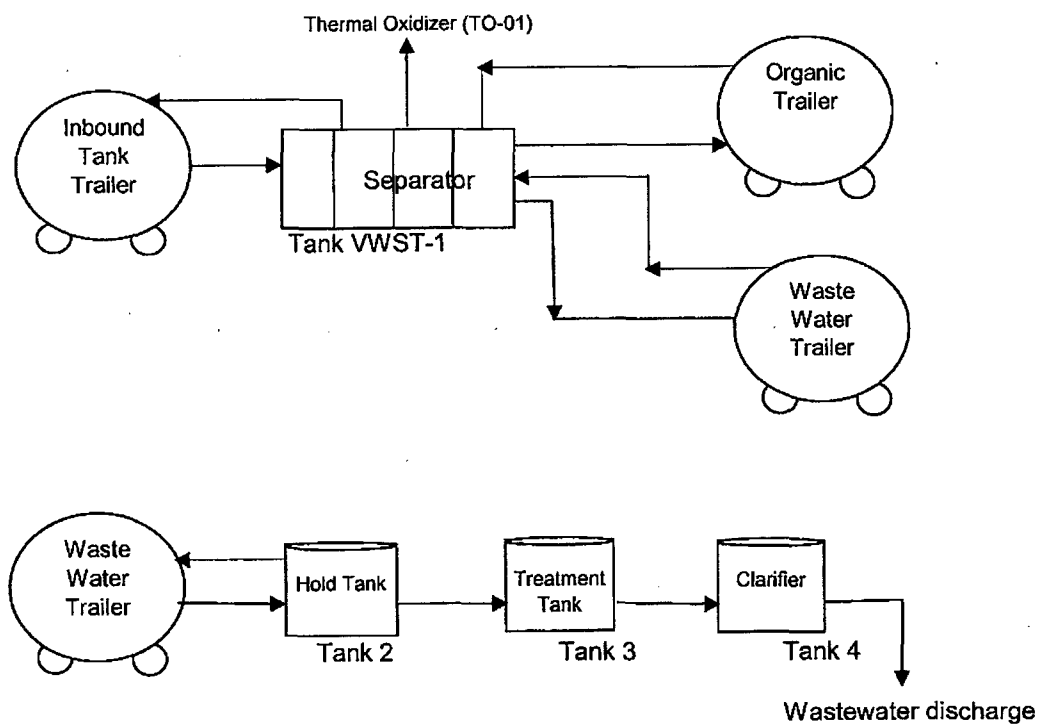
<u>YES</u>	<u>NO</u>	<u>NA</u>	<u>DESCRIPTION</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you included a description of how this exemption claim meets the general rule for the use of exemptions (§106.4, previously §116.211 checklist is available)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all the facilities claimed for exemption specifically named or described in §106.532, previously STDX 61's subparagraphs (a)(1)-(15)? Attach a list or detailed description of equipment to be constructed or modified.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are all stripping and/or aeration units designed and operated to collect stripped gases and send them to a control device that meets the requirements of §106.533, previously STDX 68(e)? Attach a list or description of the strippers and/or aerators identifying the control device to be used for each one.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If combustion is used for control of stripped gases, are all final emissions of HCL resulting from combustion of chlorine or chlorine-containing compounds less than or equal to 0.1 lb/hr?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the sum of the partial pressures of all species of VOC in any sample are greater than 1.5 psia, are all liquid phase separators enclosed and vented to a control device meeting the requirements of §106.533, previously STDX 68(e)? Attach a list or description for each one of the separators identifying the sum of VOC partial pressures or the control device to be used.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you checked to ensure that none of the facilities claimed for exemption fall in any of the categories of prohibited units listed in STDX §106.532, previously 61(b)?

FIGURE 1
SITE LOCATION MAP

FIGURE 2
FACILITY PLOT PLAN

FIGURE 3
PROCESS FLOW DIAGRAM

CES ENVIRONMENTAL SERVICES, INC
VOC / Water Separation Process



RECYCLE SYSTEM FOR
METHANOL AND MEK

DRAFT

**PERMIT-BY-RULE AUTHORIZATION FOR
RECYCLE DISTILLATION PROCESSING SYSTEM
METHANOL AND MEK**

**Prepared for
CES ENVIRONMENTAL SERVICES, INC.
Houston, Harris County, Texas**

**Prepared by
THE WCM GROUP, INC.
Humble, Texas**

January 2009

EPAHO043000784

**PERMIT-BY-RULE AUTHORIZATION FOR
RECYCLE DISTILLATION PROCESSING SYSTEM
METHANOL AND MEK**

**Prepared for
CES ENVIRONMENTAL SERVICES, INC.
Houston, Harris County, Texas**

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ATTACHMENTS

- A - EMISSION CALCULATIONS

FORMS

- TCEQ PI-7CERT FORM
TCEQ §106.4 CHECKLIST
TCEQ §106.261 CHECKLIST

FIGURES

- 1 - SITE LOCATION MAP
2 - FACILITY PLOT PLAN
3 - PROCESS FLOW DIAGRAM

INTRODUCTION

CES Environmental Services, Inc. (CES) operates a tank container cleaning facility at 4904 Griggs Road in Houston, Harris County, Texas (CN600618946, RN100693282) under Texas Commission on Environmental Quality (TCEQ) Permit Exemption No. 15980 and subsequent Permit-By-Rule (PBR) Registration No. 75375. Additional process operations are authorized under PBR Registration Nos. 83798, 84713, 86772. Standard Permit No. 86272 was issued authorizing installation and operation of a thermal oxidizer for vapor control. CES is submitting the enclosed documentation to demonstrate PBR authorization for the operation of a recycling process to produce Methanol or Methyl Ethyl Ketone (MEK) from aqueous feed streams.

The feed streams consist of either a mixture of Methanol, non-volatile polymers and water or a mixture of MEK and water. The streams enter the facility in a truck tank and are pumped into the recycle distillation processing system. The process separates Methanol or MEK from the feed stream by distillation and recovery of the overhead vapor. The residual water remaining from the recycle distillation process is sent to the existing on-site wastewater treatment facility. Further details on these operations can be found in the Process Description section of this registration.

CES is located in the Houston/Galveston ozone nonattainment area and is classified as a minor source for Volatile Organic Compound (VOC) emissions. The emissions increase associated with this project is approximately 1.2 tons per year (tpy) of VOC. As a result, the project does not trigger nonattainment netting.

A PI-7-CERT form, as well as TCEQ §106.4, and §106.261 Checklists, are provided in the Forms section of this report. Emission calculations are provided in Attachment A. A Site Location Map, Facility Plot Plan, and Process Flow Diagram are included in the Figures section.

1.0 PROCESS DESCRIPTION

A mixture of Methanol, non-volatile polymer solids (primarily Ethylene Vinyl Acetate-Ethylene Vinyl Alcohol Copolymer with small amounts of Ethylene Vinyl Acetate Polymer and Ethylene Vinyl Alcohol Polymer), and water enters the facility through tank truck or other transport vessel. Alternatively, a mixture of MEK and water is received from a tank truck or other transport vessel.

The Methanol mixture may be pumped through a filter to remove the solids if needed and then into the recycle distillation system for processing. When processing the MEK mixture, the feed stream is pumped directly into the recycle distillation system, as filtration is not required.

The recycle distillation system is heated to approximately 120° to 180° F to separate Methanol or MEK from the water. The Methanol or MEK vapor from the recycle distillation process passes through a condenser where it is cooled to approximately 70°F and condensed to liquid form. Emissions of any uncondensed vapor from the distillation system are routed to a diesel scrubber and then to activated carbon drums before being vented to the atmosphere. The condensed material is accumulated in the product tank trailer. The product trailer is also vented to the scrubber/carbon system.

The water remaining from the distillation process is then sent to the existing on-site wastewater treatment facility. The recovered water from the MEK process may be stored in Tanks OT-11 or OT-14 prior to transfer to the wastewater treatment facility. Tanks OT-11 and OT-14 maintain an elevated temperature of approximately 170° when storing the MEK process water. The tanks vent to the existing thermal oxidizer (EPN TO-01) authorized by Standard Permit No. 86272.

2.0 EMISSIONS SUMMARY

Emissions from the Methanol or MEK recovery operation are calculated based on several process steps. Exhaust exiting the carbon units is monitored daily to ensure VOC emitted to the atmosphere remains below 100 ppmv. This limit includes both Methanol and MEK vapors. The emission calculations for all emissions venting through controls are, therefore, conservatively calculated based on the volume displaced and a 100 ppmv concentration of VOC in the carbon bed exhaust. The carbon bed is replaced with fresh carbon when its exhaust concentration reaches 100 ppmv VOC.

Loading and unloading of material to and from the transport vessels is vapor balanced back to the trailer or tank. As a result, there are no emissions from transfer activities except from the disconnecting of transfer lines. Emissions from disconnecting of hoses are calculated assuming the vapor volume inside the hose is saturated with the last material to pass through the hose. It also assumes that all of the liquid residue in the line evaporates and this is calculated using the liquid clingage factor from AP-42 Chapter 7.

Wastewater from the MEK process may contain residual MEK. MEK emissions from storage of the wastewater in tanks OT-11 or OT-14 are calculated using methods specified in AP-42. The tanks vent to the thermal oxidizer (EPN TO-01).

Fugitive emissions from potential leaks at valves, pumps, and connections associated with this project are calculated using the methods and emission factors specified in the TCEQ document "Air Permit Technical Guidance for Chemical Sources: Equipment Leak Fugitives". No credit is taken for fugitive inspections or monitoring.

The emission calculations for the scrubber/carbon system vent conservatively assume a 100 ppmv concentration for both Methanol and MEK for PBR compliance evaluation purposes. The emission total is based on both Methanol and MEK at full production rates. The total project increase is 1.2 tpy, which is well below the level requiring nonattainment or PSD review.

ATTACHMENT A
EMISSION CALCULATIONS

PBR EVALUATION SUMMARY

Total Emissions

Chemical	CAS	TLV	PBR	Limit		Actual		PBR Compliance	
				lb/hr	tpy	lb/hr	tpy	lb/hr	TPY
Ethylene Vinyl Acetate	24937-78-8	10	N/A	N/A	N/A	0	0	YES	YES
Ethylene Vinyl Alcohol		10	N/A	N/A	N/A	0	0	YES	YES
Ethylene Vinyl Acetate-Ethylene Vinyl Alcohol Copolymer	26221-27-2	10	N/A	N/A	N/A	0	0	YES	YES
Water	7732-18-5	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Methanol	67-56-1	262	106.261	1.0	4.38	0.283	1.175	YES	YES
Methyl Ethyl Ketone (MEK)	78-93-3	560	106.261	1.0	4.38	0.919	1.198	YES	YES
Diesel	68334-30-5	N/A	106.261	6.0	10.0	0.048	0.003	YES	YES
Total VOC	N/A	N/A	N/A	N/A	25	0.981	1.202	N/A	N/A

Diesel is evaluated as a refinery petroleum fraction containing < 10% benzene [106.261(a)(2)]

Notes:

For evaluation purposes, it is conservatively assumed that all process steps can occur in the same hour.

The TLV for Inhalable Particulate Not Otherwise Classified is used for all solid materials.

Total VOC is the sum of emissions for each VOC except that fugitives are counted only once since they were conservatively estimated for each chemical at 8760 hrs of service.

CES Environmental Services
Houston, TX
Estimated Tank Emissions - MEK Process Water

DATA ENTRY

Tank Identification			OT-11 or OT-14
EPN			TO-01
Material Stored			Separated WW
Tank Capacity	Vol., gallons		16,800
Throughput	gallons		260,000
Tank Controlled	Yes/No		Yes
Control Efficiency	e, %		95.00
Shell Height	Hs, ft		20.0
Shell Length	Ls, ft		12.0
Orientation	Vert=1/Horiz=2		1
Fill Rate	gallons/hr		5,000
Molecular Weight, lb/lb-mole			27.162
Vapor Pressure @ Tln, psia	625	R	6.875857
Vapor Pressure @ Tla, psia	630	R	7.649371
Vapor Pressure @ Tlx, psia	635	R	8.487594
Max. Vapor Pressure @ Tlx, psia	635	R	8.487594

ESTIMATED EMISSIONS

Maximum Hourly Losses	Lm, lb/hr	27.445
Standing Losses	Ls, lb/yr	718.51
Working Losses	Lw, lb/yr	1,286.20
Uncontrolled Total Losses	Lt, lb/yr	2,004.71
	Lt, ton/yr	1.0024
Controlled Total Losses	Lmc, lb/hr	1.3723
	Ltc, ton/yr	0.0501

PHYSICAL PARAMETER CALCULATIONS

Diameter, D	Effective diameter, De	12.0
Avg. Liquid Height	Hl, ft	10.0
Max. Liquid Height	Hlx, ft	19.9
Cone Roof Outage	Hro, ft	0.125
Vapor Space Outage	Hvo, ft	10.125
Vapor space volume	Vv, ft^3	1144.53
Breather vent pressure setting	Pbp, psig	0.03
Breather vent vacuum setting	Pbv, psig	-0.03
Gas Constant	R, psia-ft^3/lb mole-R	10.732
Vapor Density	Wv, lb/ft^3	0.0307
Daily vapor pressure range	^Pv, psia	1.6117
Vapor space expansion factor	Ke	0.286
Vented vapor saturation factor	Ks	0.196
Working Loss Product Factor	Kp	1.00
Net Annual Throughput	Q, bbl/yr	6,190.5
Turnovers	N	15.5
Turnover factor	Kn	1.00

MAX. HRLY LOSSES: $Lm = (Lwmax \times FR) / (N \times Vol)$

STANDING LOSSES: $Ls = 365 \times Vv \times Wv \times Ke \times Ks$

WORKING LOSSES: $Lw = 0.0010 \times Mv \times Pva \times Q \times Kn. \times Kp$

$Lwmax = 0.0010 \times Mv \times Pvx \times Q \times Kn. \times Kp$

UNCONTROLLED

TOTAL HOURLY LOSSES: $Lt = (Ls + Lw)$

TOTAL ANNUAL LOSSES: $Lt = (Ls + Lw) / 2000 \text{ lb/ton}$

CONTROLLED

TOTAL HOURLY LOSSES: $Lt = (Ls + Lw) \times (1-e/100)$

TOTAL ANNUAL LOSSES: $Lt = (Ls + Lw) / 2000 \text{ lb/ton} \times (1-e/100)$

METEOROLOGICAL CALCULATIONS:

Data Location	Houston, TX	ANNUAL	MAX HRLY
Daily avg. liquid surface temp, R	Tla	630.00	630.00
Daily avg. ambient temp, R	Taa	528.25	543.05
Liquid bulk temp, R	Tb	531.33	546.13
Daily solar insulation factor, Btu/ft^2 day	I	1351	1898
Atmospheric pressure, psia	Pa	14.7	14.7
Daily max. ambient temp, R	Tax	539.1	553.6
Daily min. ambient temp, R	Tan	517.4	532.5
Daily vapor temp. range, R	^Tv	41.35	51.33
Daily max. liquid surface temp., R	Tlx	635.00	635.00
Daily min. liquid surface temp., R	Tln	625.00	625.00
Solor absorbance factor	a	0.68	0.68

Tla, Tln, Tlx values based on temperature control

Speciation

Component	vapor wt frac.	Emissions	
		lb/hr	TPY
Water	0.551	0.7562	0.0276
MEK	0.449	0.6160	0.0225
Total	1.000	1.372	0.050

5330022.calc.xls

EPAHQ043000792

CES Environmental Services**Displacement Calculations**

Emissions are routed through carbon adsorption beds with a maximum exhaust concentration of 100 ppmv VOC

$$PV = nRT$$

$$n = PV/RT$$

$$n(\text{VOC}) = n * C/1,000,000$$

$$lb = n * MW = MW(PV/RT)$$

MW =	32.04 lb/lbmole	Methanol
MW =	72.11 lb/lbmole	MEK
MW =	130 lb/lbmole	Diesel
P =	14.7 psia	
V =	changes with each transfer	
R =	10.73 (psi*ft3)/(lbmole*R)	
T =	80 F =	540 R
C =	100 ppmv VOC	

Emissions from unloading into distillation tank.

The Methanol or MEK mixture is pumped from the incoming tank truck trailer into the recycle distillation tank.

V (hourly) =	5000	gal/hr =	668.45 ft3/hr
V (annual) =	520,000	gal/yr =	69518.72 ft3/yr

	moles/hr	moles/yr
n =	1.70	176.37
n (VOC) =	1.70E-04	1.76E-02

Emissions		
Chemical	lb/hr	tpy
Methanol	0.00543	0.00028
MEK	0.01223	0.00064
Diesel	0.02205	0.00115

Emissions from distillation tank.

The distillation tank is heated to remove the Methanol or MEK from the water. The overhead vapors are cooled to 80F.

Flow rate is conservatively based on maximum vapor displacement.

V (hourly) =	5000	gal/hr =	668.45 ft3/hr
V (annual) =	520,000	gal/yr =	69518.72 ft3/yr

	moles/hr	moles VOC/hr
n =	1.70	176.37
n (VOC) =	1.70E-04	1.76E-02

Emissions		
Chemical	lb/hr	tpy
Methanol	0.0054	0.0003
MEK	0.0122	0.0006
Diesel	0.0220	0.0011

Emissions from transfer of recovered material to tank truck (loading)

Methanol or MEK recovered from the distillation process is routed into the product truck tank.

V (hourly) =	800	gal/hr =	106.95 ft3/hr
V (annual) =	260,000	gal/yr =	34759.36 ft3/yr

	moles/hr	moles/yr
n =	0.27	88.19
n (VOC) =	2.71E-05	8.82E-03

Emissions		
Chemical	lb/hr	tpy
Methanol	0.0009	0.0001
MEK	0.0020	0.0003
Diesel	0.0035	0.0006

CES Environmental Services
Hose Clearing/Disconnecting Emissions

Hose Length: 30 feet
Hose Diameter: 3 inch = 0.25 ft
Hose Volume: 0.0491 ft³
Events Per Year: 104

Product Loading Hoses:

The liquid hose between the distillation tank and the product tank trailer is blown with air into the tank trailer. The displaced vapors are included in the loading emissions. The hose is then disconnected. The remaining saturated vapor volume in the hose is released to the atmosphere.

$$lb = MW \cdot n = MW(PV/RT)$$

$$V_{pa} = 2.6412 \text{ psia}$$

Material	lb/hr	tpy
Methanol	7.17E-04	3.73E-05
MEK	0.00E+00	0.00E+00

Distillation Tank Transfer Hose:

The same calculation can also represent the disconnecting the hose from the inbound truck to the distillation tank. It is assumed the vapor remaining in the hose is saturated.

$$lb = MW \cdot n = MW(PV/RT)$$

MATERIAL	Liquid Composition (%)	MW (lb/lb-mole)	Mole Fraction	Temperature (F)	VPa (psia)	Emissions	
						(lb/hr)	(tpy)
Methanol	100.00	32.0	3.0169	80	7.968	2.16E-03	1.12E-04
MEK	100.00	72.1	6.7900	80	13.429	8.20E-03	4.26E-04

The non-volatile solids are excluded from the composition to conservatively calculate and evaluate the methanol emissions.

CES Environmental Services
Fugitive Emissions

Distillation Tank

Component Type	Service	Quantity	Emission Factor	Operating Schedule	Emissions	
					lb/hr	tpy
Valves	Light Liquid	20	0.0035	8760	0.0700	0.3066
Valves	Gas/Vapor	6	0.0089	8760	0.0534	0.2339
Flanges	Light Liquid	42	0.0005	8760	0.0210	0.0920
Flanges	Gas/Vapor	16	0.0029	8760	0.0464	0.2032
Pumps	Light Liquid	2	0.0386	8760	0.0772	0.3381
note: no control efficiency taken.					0.2680	1.1738

Speciation		Emissions	
Material	Wt %	lb/hr	tpy
Methanol	100	0.2680	1.1738
MEK	100	0.2680	1.1738
VOC Max		0.2680	1.1738

Emissions for Methanol and MEK conservatively assume 8760 hours of service each, at 100% concentration. This is conservative because both process streams do not occupy the same equipment at the same time.

FORMS



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

I. REGISTRANT INFORMATION				
A. TCEQ Customer Reference Number:		CN-600618946	TCEQ Regulated Entity Number:	RN-100693282
<i>Note: If "NO," CN or RN number was entered above; please fill out the required Core Data Form, which will be available in Step II of the submittal process.</i>				
B. Company or Other Legal Customer Name: CES Environmental Services, Inc.				
Company Official Contact Name: Matt Bowman			Title: President	
Mailing Address: 4904 Griggs Road				
City: Houston		State: Texas		Zip Code: 77021
Phone No.: 713-676-1460		Fax No.: 713-676-1676		E-mail Address: mbowman@cesenviornmental.com
C. Technical Contact Name: Philip Evans			Title: Director, Technical Services	
Company: The WCM Group, Inc.				
Mailing Address: P.O. Box 3247				
City: Humble		State: Texas		Zip Code: 77347
Phone No.: 281-446-7070		Fax No.: 281-446-3348		E-mail Address: pevans@wcmgroup.com
D. Facility Location Information - Street Address: 4904 Griggs Road				
<i>If "NO," street address, provide written driving directions to the site: (attach description if additional space is needed)</i>				
City: Houston		County: Harris		Zip Code: 77021
II. FACILITY AND SITE INFORMATION				
A. Name and Type of Facility: CES Environmental Services, Inc.				<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Portable
B. PBR claimed under 30 TAC § 106 (List all):				
§ 106. 261		§ 106.		
§ 106.		§ 106.		
§ 106.		§ 106.		
Are you claiming a historical standard exemption or PBR?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>If "YES," enter effective date and Rule Number:</i>				



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

II. FACILITY AND SITE INFORMATION (continued)			
C. Is there a previous Standard Exemption or PBR for the facility in this registration? (Attach details regarding changes.)			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter Registration Number and Rule Number:			
D. Are there any other facilities at this site which are authorized by an Air Standard Exemption or PBR ?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If "YES," enter Registration Number and Rule Number:			75375, 83798, 84713, 86772 261, 262, 472, 532
E. Are there any other air preconstruction permits at this site?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter Permit Numbers: X-15980 86272			
Are there any other air preconstruction permits at this site that would be directly associated with this project?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter Permit Numbers: 86272			
F. Is this facility located at a site which is required to obtain a federal operating permit pursuant to 30 TAC Chapter 122?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> To be determined
If the site currently has an existing federal operating permit, enter the permit number:			
Identify the requirements of 30 TAC Chapter 122 that will be triggered if this certification is accepted.			
<input type="checkbox"/> Initial Application for an FOP		<input type="checkbox"/> Significant Revision for an SOP	<input type="checkbox"/> Minor Revision for an SOP
<input type="checkbox"/> Operational Flexibility/off Permit Notification for an SOP		<input type="checkbox"/> Revision for GOP	<input type="checkbox"/> To be Determined <input checked="" type="checkbox"/> None
Identify the type(s) issued and/or FOP application(s) submitted/pending for the site. (Check all that apply)			
<input type="checkbox"/> SOP		<input type="checkbox"/> GOP	
<input type="checkbox"/> GOP application/revision application: Submitted or under APD review.		<input type="checkbox"/> N/A	
G. TCEQ Account Identification Number (if known):		HG 1270 B	
III. FEE INFORMATION			
To determine if a fee is required answer the following question. If "YES," to question III. A., a fee is not required, skip to Section IV. If "NO," to answer II. A., then go to Section III. B. See Section VI. for address to send fee or go to www.2.tceq.state.tx.us/epay to pay online.			
A. Is this registration an update to a previously registered facility and accompanied by a Certification Form solely to establish a federally enforceable emission limit?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. What is the fee amount?			



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

III. FEE INFORMATION (continued)			
<i>If "YES," to any of the following three questions, a \$100 fee is required. Otherwise, a \$450 fee is required.</i>			
Does this business have less than 100 employees?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Does this business have less than 6 million dollars in annual gross receipts?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Is this registration submitted by a governmental entity with a population of less than 10,000?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. Check/Money Order or Transaction Number (Payable to TCEQ):		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Was fee Paid online? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Company name of check: The WCM Group Inc.		Fee amount:	\$ 450
IV. SELECTED FACILITY REVIEWS ONLY—TECHNICAL INFORMATION			
<i>Note: If claiming one of the following PBRs, complete this section, then skip to Section VI, "Submitting your registration" below:</i>			
<i>Animal Feeding Operations § 106.161, Livestock Auction Facilities § 106.162, Saw Mills § 106.223, Grain Handling, Storage and Drying § 106.283, Auto Body Refinishing Facilities §106.436, and Air Curtain Incinerator § 106.496</i>			
A. Is the applicable PBR checklist attached which shows the facility meets all general and specific requirements of the PBR(s) being claimed? (If submitting electronically, click "YES.")			<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Distance from this facility's emission release point to the nearest property line:		feet	
Distance from this facility's emission release point to the nearest off-property structure:		feet	
V. TECHNICAL INFORMATION INCLUDING STATE AND FEDERAL REGULATORY REQUIREMENTS			
<i>Registrants must be in compliance with all applicable state and federal regulations and standards to claim a PBR.</i>			
A. Is confidential information submitted and properly marked "CONFIDENTIAL" with this registration?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. Is a process flow diagram or a process description attached?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. Are emissions data and calculations for this claim attached?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
D. Is information attached showing how the general requirements (30 TAC § 106.4) of the PBR is met for this Registration? (PBR checklists may be used, but are optional)			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i>Note: Please be reminded that if the facilities listed in this registration are subject to the Mass Emissions Cap & Trade program under 30 TAC Chapter 101, Subchapter H, Division 3, the owner/operator of these facilities must possess NO_x allowances equivalent to the actual NO_x emissions from these facilities.</i>			
E. Is information attached showing how the specific PBR requirements are met for this registration? (PBR checklist may be used, but are optional)			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
F. Distance from this facility's emission release point to the nearest property line:		100 feet	
Distance from this facility's emission release point to the nearest off-property structure:		125 feet	
<i>Note: In limited cases, a map or drawing of the site and surrounding land use may be requested during the technical review or at the request of the TCEQ Regional Office or local air pollution control program during an investigation.</i>			



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

VI. SIGNATURE FOR CERTIFICATION AND REGISTRATION

The signature below indicates that the Responsible Official has knowledge of the facts herein set forth and that the same are true, accurate, and complete to the best of my knowledge and belief. By this signature, the maximum emission rates listed on this certification reflect the maximum anticipated emissions due to the operation of this facility and all representations in this certification of emissions are conditions upon which the facilities and sources will operate. It is understood that it is unlawful to vary from these representations unless the certification is first revised. The signature certifies that to the best of the Responsible Official's knowledge and belief, the project will satisfy the conditions and limitations of the indicated exemption or permit by rule and the facility will operated in compliance with all regulations of the Texas Commission on Environmental Quality and with Federal U.S. Environmental Protection Agency regulations governing air pollution. The signature below certifies that, based on information and belief formed after reasonable inquiry, the statements and information above and contained in the attached document(s) are true, accurate, and complete. **If you questions on how to fill out this form or about air quality permits. Please call 512/239-1250.** *Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, call 512/239-3282.*

SIGNATURE: _____
(ORIGINAL SIGNATURE REQUIRED)

DATE: _____

VII. SUBMITTING COPIES OF THE CERTIFICATION AND REGISTRATION

Copies must be sent as listed below:
Processing delays may occur if copies are not sent as noted.

<i>Who</i>	<i>Where</i>	<i>What</i>
Air Permits Initial Review Team (APIRT)	Regular, Certified, Priority Mail MC161, P.O. Box 13087 Austin, Texas 78711-3087 Hand Delivery, Overnight Mail MC 161, 12100 Park 35 Circle, Building C, Third Floor Austin, Texas 78753 Fax No.: (512) 239-2123 (do <u>not</u> follow fax with paper copies)	Originals Form PI-7, Core Data Form. and all attachments
Revenue Section, TCEQ	Regular, Certified, Priority Mail MC 214, P.O. Box 13088 Austin, Texas 78711-3088 Hand Delivery, Overnight Mail MC 214, 12100 Park 35 Circle, Building A, Third Floor Austin, Texas 78753	Original Money Order or Check Copy of Form PI-7 and Core Data Form
Appropriate TCEQ Regional Office	To find your Regional Office address, go to the TCEQ Web site at www.tceq.state.tx.us , or call (512) 239-1250.	Copy of Form PI-7, Core Data Form, and all attachments.
Appropriate Local Air Pollution Control Program(s)	To Find your local or Regional Air Pollution Control Programs go to the TCEQ, APD Website at www.tceq.state.tx.us/nav/permits/air_permits.html or call (512) 239-1250	Copy of Form PI-7, Core Data Form, and all attachments.

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
AIR PERMITS DIVISION**

TITLE 30 TAC § 106.4 "QUICK-CHECK" APPLICABILITY CHECKLIST

Company Name: CES Environmental Services, Inc.
Checklist completed by: The WCM Group, Inc. Date: _____
Facility Type: Product recovery
Permit(s) by rule claimed: 30 TAC Chapter §106: 261
Project Description (including equipment, materials, and brief process description): _____

A recovery distillation processing system will produce Methanol or MEK from organic polymer water mixtures.

CO	0.00	NO _x	0.00	VOC	1.20
PM	0.00	SO ₂	0.00	Other	0.00

The following questions require a "Yes" or "No" answer to be indicated for this permit by rule claim:

A. Title 30 TAC § 106.4(a)(5): Current Permit by Rule Requirements

Yes ☒ No ☐ Have you checked to determine if this exempt project is being claimed under the current version of 30 TAC 106?
If "Yes ", continue to next question If "No ", please contact the Air Permits Division for a copy of the current permit by rule to be claimed.

B. Title 30 TAC § 106.4(a)(7): Permit by rule prohibition check

Yes ☐ No ☒ Are there any air permits under the same account containing permit conditions which prohibit or restrict the use of permits by rule?
If "No ", continue to next question
If "Yes ", permits by rule may not be used or their use must meet the restrictions of the permit.
A new permit or permit amendment may be required.
List permit number(s): _____

C. Title 30 TAC § 106.4(b): Circumvention check

Title 30TAC§ 106.4(b) states "No person shall circumvent by artificial limitations the requirements of§1 16.110 of this title (covering permitting)." Circumvention by artificial limitations may include but is not limited to:

- A. dividing a complete project into separate segments to circumvent §106.4(a)(1) limits;*
- B. claiming feed or production rates below the physical capacity of the project's equipment in order to begin constructing facilities before a permit or permit amendment is approved for full scale operations, particularly when the unit will not be economically viable at less than permitted capacity;*
- C. claiming a limited chemical list in order to begin constructing facilities before a permit or permit amendment is approved for additional chemicals, particularly when the unit will not be economically viable until the additional chemicals are authorized.*

Yes ☐ No ☒ Does your project meet any of the criteria listed above?
If "No ", continue to next rule question If "Yes ", a permit y rule may not be claimed.

D. Title 30 TAC § 106.4(c) and (d): Compliance with all Rules

Yes ☒ No ☐ Will the facility comply with all rules and regulations of the TCEQ, the intent of the Texas Clean Air Act, and any local permitting or registration requirements? *If "Yes ", continue to next rule question If "No ", a permit by rule may not be claimed.*

E. Title 30 TAC § 106.4(a)(1): Emission limits check

Yes ☒ No ☐ The maximum emissions from all facilities at the site, including this permit by rule claim, are less than 25 tpy of any contaminant.
If the answer to this questions is "Yes ", no further review is needed to complete this checklist. Forward all information needed to verify your permit by rule claim to the . If "No ", this checklist cannot be used. Please complete the standard 30 TAC § 106.4 Applicability Checklist.



Title 30 Texas Administrative Code § 106.261 **Permit By Rule (PBR) Checklist** **Facilities (Emission Limitations)**

Electronic Submittal - Only enter the PI-7 confirmation number here
Hard-Copy Submittal - Print and complete the following checklist.

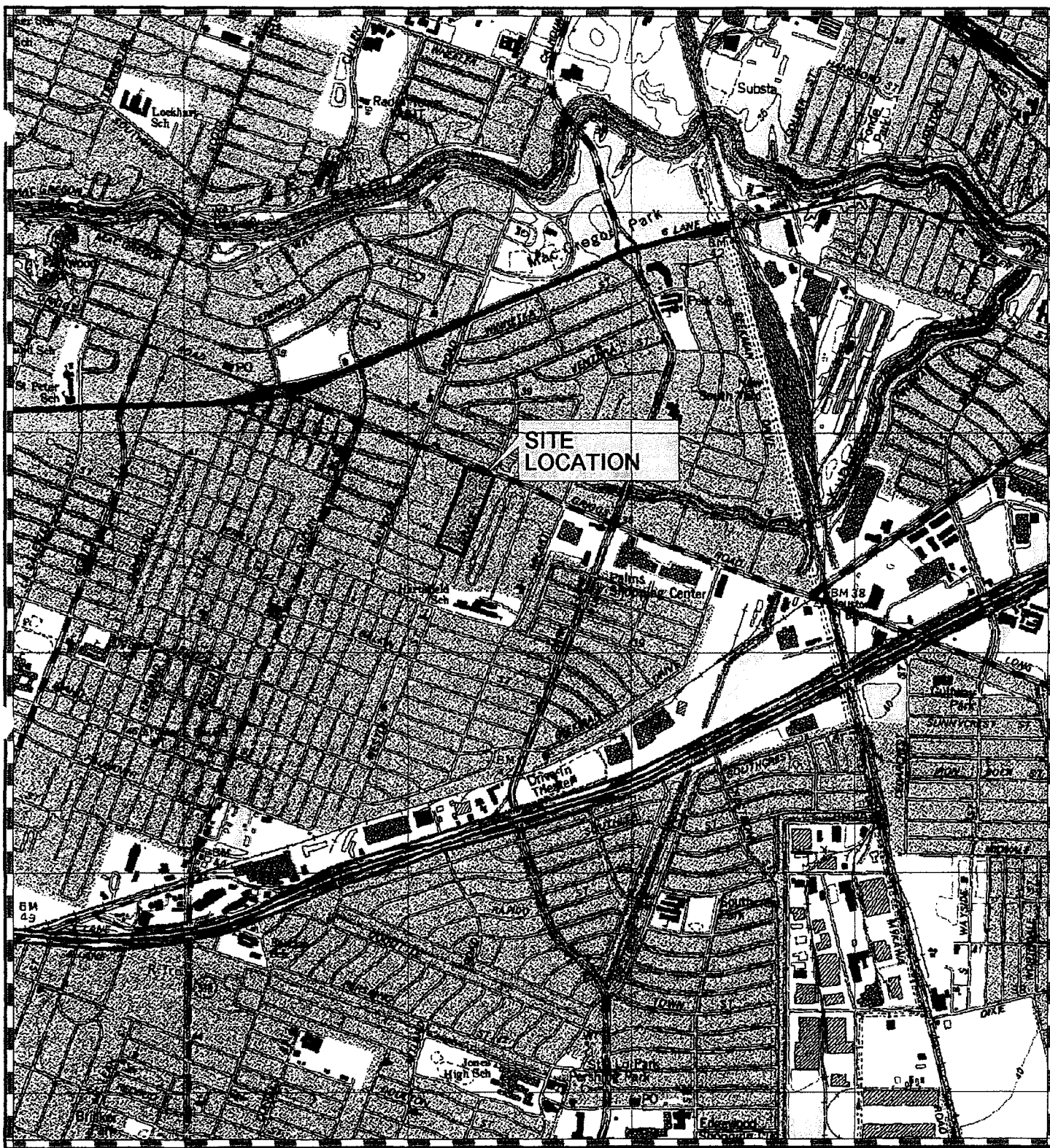
if submitting electronically.

The following checklist is designed to help you confirm that you meet Title 30 Texas Administrative Code § 106.261 (30 TAC § 106.261) requirements. If you do not meet all the requirements, you may alter the project design or operation in such a way that all the requirements of the PBR are met or you may obtain a construction permit. The PBR forms, tables, checklists and guidance documents are available from the Texas Commission on Environmental Quality (TCEQ), Air Permits Division Web site at, www.tceq.state.tx.us/nav/permits/air_permits.html.

CHECK THE MOST APPROPRIATE ANSWER																																																			
Is a description or checklist of how this claim meets the general requirements for the use of PBRs in 30 TAC § 106.4 attached?			X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
b1	Is this claim for construction of a facility authorized in another section of this chapter or for which a standard permit is in effect? <i>If "YES," this PBR cannot be used to authorize emissions from the project</i>		<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A																																																
b2	Is this claim for any change to any facility authorized under another section of this chapter or authorized under a standard permit? <i>If "YES," this PBR cannot be used to authorize emissions from the project</i>		<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A																																																
a1	Are facilities or changes located at least 100 feet from any recreational area or residence or other structure not occupied or used solely by the owner or operator of the facilities or the owner of the property upon which the facilities are located?		X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
a2	Are total new or increased emissions, including fugitives, less than or equal to 6.0 pounds per hour (lb/hr) and ten tons per year of the following materials (check all that apply):		<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A																																																
<table border="0"> <tr> <td><input type="checkbox"/> acetylene</td> <td><input type="checkbox"/> helium</td> <td><input type="checkbox"/> propyl ether</td> <td><input type="checkbox"/> limestone</td> </tr> <tr> <td><input type="checkbox"/> argon</td> <td><input type="checkbox"/> isohexane</td> <td><input type="checkbox"/> sulfur dioxide</td> <td><input type="checkbox"/> magnesite</td> </tr> <tr> <td><input type="checkbox"/> butane</td> <td><input type="checkbox"/> isopropyl alcohol</td> <td><input type="checkbox"/> alumina</td> <td><input type="checkbox"/> marble</td> </tr> <tr> <td><input type="checkbox"/> crude oil</td> <td><input type="checkbox"/> methyl acetylene</td> <td><input type="checkbox"/> calcium carbonate</td> <td><input type="checkbox"/> pentaerythritol</td> </tr> <tr> <td><input type="checkbox"/> carbon monoxide</td> <td><input type="checkbox"/> methyl chloroform</td> <td><input type="checkbox"/> calcium silicate</td> <td><input type="checkbox"/> plaster of paris</td> </tr> <tr> <td><input type="checkbox"/> cyclohexane</td> <td><input type="checkbox"/> methyl cyclohexane</td> <td><input type="checkbox"/> cellulose fiber</td> <td><input type="checkbox"/> silicon</td> </tr> <tr> <td><input type="checkbox"/> cyclohexene</td> <td><input type="checkbox"/> neon</td> <td><input type="checkbox"/> cement dust</td> <td><input type="checkbox"/> silicon carbide</td> </tr> <tr> <td><input type="checkbox"/> cyclopentan</td> <td><input type="checkbox"/> nonan</td> <td><input type="checkbox"/> emery dust</td> <td><input type="checkbox"/> starch</td> </tr> <tr> <td><input type="checkbox"/> ethyl acetate</td> <td><input type="checkbox"/> oxides of nitrogen</td> <td><input type="checkbox"/> glycerin mist</td> <td><input type="checkbox"/> sucrose</td> </tr> <tr> <td><input type="checkbox"/> ethanol</td> <td><input type="checkbox"/> propane</td> <td><input type="checkbox"/> gypsum</td> <td><input type="checkbox"/> zinc stearate</td> </tr> <tr> <td><input type="checkbox"/> ethyl ether</td> <td><input type="checkbox"/> propyl alcohol</td> <td><input type="checkbox"/> iron oxide dust</td> <td><input type="checkbox"/> zinc oxide</td> </tr> <tr> <td><input type="checkbox"/> ethylene</td> <td><input type="checkbox"/> propylene</td> <td><input type="checkbox"/> kaolin</td> <td></td> </tr> </table>				<input type="checkbox"/> acetylene	<input type="checkbox"/> helium	<input type="checkbox"/> propyl ether	<input type="checkbox"/> limestone	<input type="checkbox"/> argon	<input type="checkbox"/> isohexane	<input type="checkbox"/> sulfur dioxide	<input type="checkbox"/> magnesite	<input type="checkbox"/> butane	<input type="checkbox"/> isopropyl alcohol	<input type="checkbox"/> alumina	<input type="checkbox"/> marble	<input type="checkbox"/> crude oil	<input type="checkbox"/> methyl acetylene	<input type="checkbox"/> calcium carbonate	<input type="checkbox"/> pentaerythritol	<input type="checkbox"/> carbon monoxide	<input type="checkbox"/> methyl chloroform	<input type="checkbox"/> calcium silicate	<input type="checkbox"/> plaster of paris	<input type="checkbox"/> cyclohexane	<input type="checkbox"/> methyl cyclohexane	<input type="checkbox"/> cellulose fiber	<input type="checkbox"/> silicon	<input type="checkbox"/> cyclohexene	<input type="checkbox"/> neon	<input type="checkbox"/> cement dust	<input type="checkbox"/> silicon carbide	<input type="checkbox"/> cyclopentan	<input type="checkbox"/> nonan	<input type="checkbox"/> emery dust	<input type="checkbox"/> starch	<input type="checkbox"/> ethyl acetate	<input type="checkbox"/> oxides of nitrogen	<input type="checkbox"/> glycerin mist	<input type="checkbox"/> sucrose	<input type="checkbox"/> ethanol	<input type="checkbox"/> propane	<input type="checkbox"/> gypsum	<input type="checkbox"/> zinc stearate	<input type="checkbox"/> ethyl ether	<input type="checkbox"/> propyl alcohol	<input type="checkbox"/> iron oxide dust	<input type="checkbox"/> zinc oxide	<input type="checkbox"/> ethylene	<input type="checkbox"/> propylene	<input type="checkbox"/> kaolin	
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<input type="checkbox"/> refinery petroleum fractions (except for pyrolysis naphthas and pyrolysis gasoline) containing less than ten volume percent benzene <input type="checkbox"/> fluorocarbons Numbers 11, 12, 13, 14, 21, 22, 23, 113, 114, 115, and 116																																																			
a3	Are total new or increased emissions, including fugitives, less than or equal to 1.0 lb/hr of any chemical having a limit value (L) greater than 200 milligrams per cubic meter (mg/m ³) as listed and referenced in Table 262 of 30 TAC § 106.262 of this title (relating to Facilities (Emission and Distance Limitations)? List chemical: <u>Methanol</u> / MEK L value: <u>262</u> / <u>590</u>		X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
Are total new or increased emissions, including fugitives, less than or equal to 1.0 lb/hr of any chemical not listed or referenced in Table 262? List chemical: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO X N/A																																																

<p>Are total new or increased emissions, including fugitives, of a chemical with a limit value of less than 200 mg/m³? <i>If "Yes" the authorization of the chemical is not allowed under this section. We suggest you use 30 TAC §106.262 to authorize the emissions, if applicable.</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
<p>a4 Are there any changes to or additions of any existing air pollution abatement equipment?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
<p>a5 Will there be any visible emissions, except uncombined water, emitted to the atmosphere from any point or fugitive source in amounts greater than 5.0% opacity in any six-minute period?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
<p>a6 Are emission increases five tons per year or greater? If "YES," this checklist must be attached to a Form PI-7 within ten days following the installation or modification of the facilities. The notification shall include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any.</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
<p>a7 Are emission increases less than five tons per year? If "YES," this checklist must be attached to a Form PI-7 and include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any. (pick one):</p> <p><input checked="" type="checkbox"/> Within ten days following the installation or modification of the facilities. The notification shall include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any; or</p> <p><input type="checkbox"/> By March 31 of the following year summarizing all uses of this permit by rule in the previous calendar year.</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

FIGURE 1
SITE LOCATION MAP



1320 0 1320
1:24,000 1" = 2000 feet feet



Reproduced from U.S. Topographic Quadrangle: Park
Place Texas; Zone 15

TOPOGRAPHIC MAP
CES ENVIRONMENTAL SERVICES, INC.
4904 GRIGGS ROAD
HOUSTON, HARRIS COUNTY, TEXAS



FIGURE

1

DRAWN BY: LLS DATE: 04-10-2008
FILE: H:-client-CES-Houston site.geo

EPAHO043000805

FIGURE 2
FACILITY PLOT PLAN

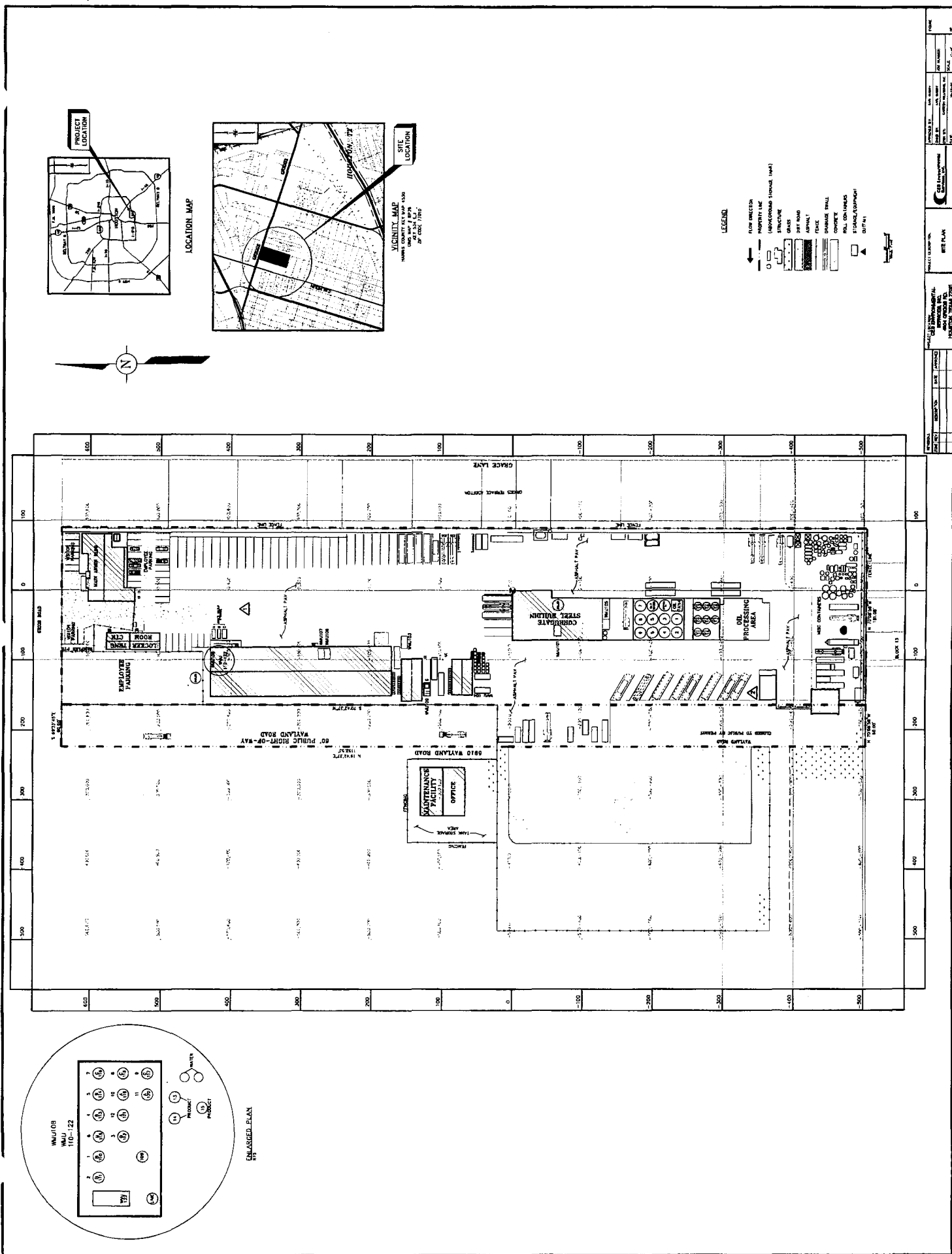
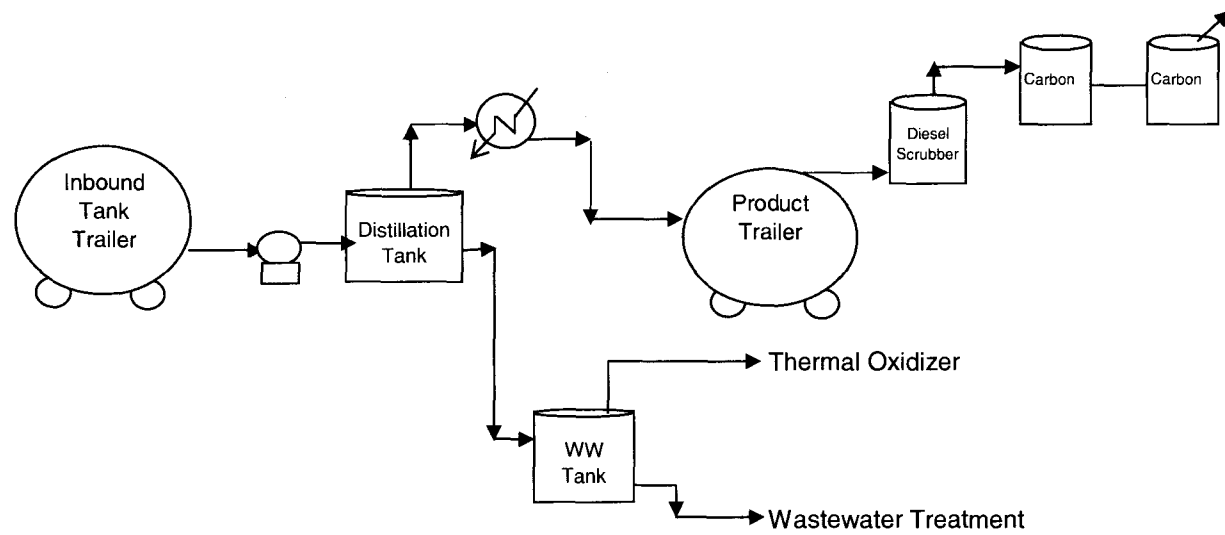


FIGURE 3
PROCESS FLOW DIAGRAM

**CES ENVIRONMENTAL SERVICES, INC
METHANOL OR MEK RECOVERY PROCESS**



Buddy Garcia, *Chairman*
Larry R. Soward, *Commissioner*
Bryan W. Shaw, Ph.D., *Commissioner*
Mark R. Vickery, P.G., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

December 9, 2008

MR MATT BOWMAN
PRESIDENT
CES ENVIRONMENTAL SERVICES INC
4904 GRIGGS RD
HOUSTON TX 77021-3208

Permit by Rule Registration Number:	86772
Location/City/County:	4904 Griggs Road, Houston, Harris County
Project Description/Unit:	Methylene Chloride Recycling Process
Regulated Entity Number:	RN100693282
Customer Reference Number:	CN600618946
New or Existing Site:	Existing
Affected Permit (if applicable):	PBR 83191
Renewal Date (if applicable):	None

CES Environmental Services, Inc. has certified the emissions associated with the change to the Methylene Chloride Recycling Process under Title 30 Texas Administrative Code §§ 106.261 and 106.262.
For rule information see www.tceq.state.tx.us/permitting/air/nav/numerical_index.html

No planned MSS emissions have been represented or reviewed for this registration and none will be authorized by this registration. The company is also reminded that these facilities may be subject to and must comply with other state and federal air quality requirements.

All analytical data generated by a mobile or stationary laboratory to support the compliance with an air permit must be obtained from a NELAC (National Environmental Laboratory Accreditation Conference) accredited laboratory. For additional information regarding the laboratory accreditation program, please see the following website which includes the accreditation and exemption information:

http://www.tceq.state.tx.us/compliance/compliance_support/qa/env_lab_accreditation.html

This certification is taken under the authority delegated by the Executive Director of the TCEQ. If you have questions, please contact Mr. John Gott, P.E., at (512) 239-1238.

Sincerely,

A handwritten signature in black ink, appearing to read "Anne M. Inman".

Anne M. Inman, P.E., Manager
Rule Registrations Section
Air Permits Division

Certified Emissions:

VOCs	0.58	tpy
HAPs (included in VOC)	0.58	tpy

cc: Mr. Philip Evans, Director Technical Services, The WCM Group Inc, Humble
Bureau Chief of Air Quality Control, Health and Human Services Department, City of Houston, Houston
Director, Env Public Health Division, Harris County Public Health and Environmental Services, Pasadena
Air Section Manager, Region 12 - Houston

Project Number: 142462



The WCM Group, Inc.

November 17, 2008

Mr. Don Dale Nelon
Air Permits Initial Review Team (APIRT), MC161
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
Building F, Room 1206
12100 Park 35 Circle
Austin, TX 78753

LONE STAR
AIRBILL NUMBER
41915489

Reference: CES Environmental Services, Inc.
Houston, Harris County, Texas
Registration of Permit-By-Rule §106.261, §106.262
PBR Registration 83191
CN600618946; RN100693282

Dear Mr. Nelon:

On behalf of CES Environmental Services, Inc. (CES), please find enclosed documentation authorizing the revised operation of a recycling process to produce Methylene Chloride. The process qualifies for authorization under Permit-By-Rule (PBR) §106.261 and §106.262. The prior PBR Registration No. 83191 is replaced with this submittal.

If you have questions regarding this registration, or require further information, please do not hesitate to contact Mr. Matt Bowman of CES at (713) 676-1460, or me directly at (281) 446-7070.

Sincerely,

Philip B. Evans
Director, Technical Services

PBE/nb
27264:5330019.let.doc

Enclosure

cc: M. Bowman
L. Vasse
B. Allen -City of Houston

Vendor: TCEQ

Inv No	Inv Date	Inv Amt	Discount	Take	Pay Amt
STATEMENT	11/15/2008	450.00	0.00	N	450.00

Check Date 11/17/2008

Check Amount

\$

450.00

29534

**The WCM Group, Inc.**OPERATING ACCOUNT
P.O. BOX 3247, HUMBLE, TX 77347-3247
(281) 446-7070COMERICA BANK - TEXAS
HOUSTON, TEXAS
32-75-111011/17/2008
DATE*****\$450.00
AMOUNT

to the
order
of

FOUR HUNDRED FIFTY AND NO/100
TCEQ
P.O. BOX 13087
AUSTIN, TX 78711-3087

⑈029534⑈

(b) (6)

THE WCM GROUP, INC.

29534

Vendor: TCEQ

Inv No	Inv Date	Inv Amt	Discount	Take	Pay Amt
STATEMENT	11/15/2008	450.00	0.00	N	450.00

Check Date 11/17/2008

Check Amount

\$

450.00

**PERMIT-BY-RULE AUTHORIZATION
FOR HANDLING OF METHYLENE CHLORIDE
REVISIONS TO REGISTRATION 83191**

**Prepared for
CES ENVIRONMENTAL SERVICES INC.
Houston, Harris County, Texas**

**Prepared by
THE WCM GROUP, INC.
Humble, Texas**

Revised October 2008

EPAHO043000813

TABLE OF CONTENTS

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1.0 PROCESS DESCRIPTION.....	1
2.0 EMISSIONS SUMMARY.....	2

ATTACHMENTS

- A - EMISSION CALCULATIONS

FORMS

TCEQ PI-7 CERT FORM

TCEQ §106.4 CHECKLIST

TCEQ §106.261 CHECKLIST

TCEQ §106.262 CHECKLIST

FIGURES

- 1 - AREA MAP
- 2 - FACILITY PLOT PLAN
- 3 - PROCESS FLOW DIAGRAM

INTRODUCTION

CES Environmental Services Inc. (CES) operates a tank container cleaning facility at 4904 Griggs Road in Houston, Harris County, Texas (CN600618946, RN100693282) under Texas Commission on Environmental Quality (TCEQ) Permit Exemption No. 15980 and subsequent Permit-By-Rule (PBR) Registration No. 75375.

CES is submitting the enclosed documentation to demonstrate PBR authorization for the operation of a Methylene Chloride (MeCl_2) recovery process at the site. The recovery process was previously authorized for a two-step process and is being modified for a one step process. In the revised process, the Methylene Chloride mixture is sent directly to the distillation system where the organics are removed and accumulated in the product tank trailer. The wastewater is drained from the distillation tank after each batch. Details on these operations can be found in the Process Description section of this application and in the attached calculations.

CES is located in the Houston/Galveston ozone nonattainment area and is classified as a minor source for Volatile Organic Compound (VOC) emissions. The emissions increase associated with this process revision is 0.57 tons per year of VOC. As a result, the project does not trigger nonattainment netting.

A PI-7 CERT Form as well as TCEQ §106.4, §106.261, and §106.262 Checklists are provided in the Forms section of this report. Emission calculations are provided in Attachment A. A Site Location Map, Aerial Photograph, Facility Plot Plan, and Process Flow Diagram are included in the Figures section.

1.0 PROCESS DESCRIPTION

The Methylene Chloride recovery process will now occur in a single process step. This revised process replaces the two-step process previously authorized under PBR Registration No. 83191. In addition, the revised process will accommodate a methylene chloride feed stream that may contain some methyl alcohol (methanol).

The incoming tank trailer containing methylene chloride, methanol and water is located near the existing distillation tank for processing. The organic mixture is pumped from the tank trailer into a 10,000-gallon distillation tank. The distillation tank is then heated to approximately 120 F to remove the organics from the mixture. The vapor phase from the distillation process containing organics and any evaporated water passes through a condenser where it is cooled to approximately 70 F. The condensed liquid flows directly into the product tank trailer. Emissions of any uncondensed vapor from the distillation tank are routed to a diesel scrubber and then to activated carbon drums before being vented to the atmosphere. The product trailer is also vented to the scrubber system. The water remaining in the distillation tank is tested to ensure removal of the organics and then sent to water treatment.

2.0 EMISSIONS SUMMARY

Emissions from the Methylene Chloride recovery operation are calculated based on several process steps. Exhaust exiting the carbon units is monitored daily to ensure VOC emitted to the atmosphere remains below 100 ppmv. This includes both MeCl₂ and any evaporated diesel from the diesel scrubber. The emission calculations for all emissions venting through controls are therefore conservatively calculated based on the volume displaced and a 100 ppmv concentration of VOC in the carbon bed exhaust. The carbon beds are replaced with fresh carbon when their exhaust concentrations reach 100 ppmv VOC.

Emissions from disconnecting of hoses are calculated assuming the vapor volume inside the hose is saturated with the last material to pass through the hose. The exception to this method is the hose from the interface vessel pump to the product truck trailer, which is blown clear with air before being disconnected.

Fugitive emissions from potential leaks at valves, pumps, and connections associated with this project are calculated using the methods and emission factors specified in the TCEQ document "Air Permit Technical Guidance for Chemical Sources: Equipment Leak Fugitives". A thirty percent reduction credit is taken for operations personnel monitoring the loading/unloading operations for leaks that can be detected with visible, audible, or olfactory means.

The emission calculations conservatively assume a 100 ppmv concentration for each of diesel, Methanol and Methylene Chloride for PBR compliance evaluation purposes. The emissions increase associated with this process revision is 0.41 tons per year of VOC. As a result, the project does not trigger nonattainment netting or PSD review.

ATTACHMENT A
EMISSION CALCULATIONS

PBR EVALUATION SUMMARY

Methylene chloride distillation and loading

Chemical	CAS	TLV	PBR	Limit		Actual		PBR Compliance	
				lb/hr	tpy	lb/hr	tpy	lb/hr	TPY
MeCl2	75-09-2	26	106.262	0.130	0.569	0.099	0.312	YES	YES
Methanol	67-56-1	262	106.261	1	10	0.031	0.099	YES	YES
Diesel	68334-30-5	N/A	106.261	6.0	10.0	0.036	0.002	YES	YES
Water	7732-18-5	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

0.413

Diesel is evaluated as a refinery petroleum fraction containing < 10% benzene [106.261(a)(2)]

for 106.262 E = L/K

For Distillation and Loading

Distance to nearest offsite receptor: D = 200 ft
K = 200

CES Environmental Services**Emissions from unloading into distillation tank.**

The methylene chloride mixture is pumped into the distillation tank.
Emissions are routed through a diesel scrubber and carbon adsorption bed with
a maximum exhaust concentration of 100 ppmv VOC.

$$\begin{aligned} P &= 14.7 \text{ psia} \\ V \text{ (hourly)} &= 4000 \text{ gal/hr} = 534.76 \text{ ft}^3/\text{hr} \\ V \text{ (annual)} &= 450,000 \text{ gal/yr} = 60160.43 \text{ ft}^3/\text{yr} \\ R &= 10.73 \text{ (psi}\cdot\text{ft}^3\text{)/(lbmole}\cdot\text{R)} \\ T &= 80 \text{ F} = 540 \text{ R} \\ C &= 100 \text{ ppmv VOC} \\ \text{MW (MeCl}_2\text{)} &= 84.933 \text{ lb/lbmole} \\ \text{MW (Methanol)} &= 32.04 \text{ lb/lbmole} \\ \text{MW (Diesel)} &= 130 \text{ lb/lbmole} \end{aligned}$$

$$\begin{aligned} PV &= nRT \\ n &= PV/RT \\ n(\text{VOC}) &= n * C/1,000,000 \\ \text{lb} &= n * \text{MW} = \text{MW}(PV/RT) \end{aligned}$$

	moles/hr	moles/yr
$n =$	1.36	152.63
$n(\text{VOC}) =$	1.36E-04	1.53E-02

Emissions

Chemical	lb/hr	tpy
MeCl2	0.01152	0.00065
Methanol	0.00435	0.00024
Diesel	0.01764	0.00099

CES Environmental Services
Emissions from Distillation Tank

The distillation tank is heated to 120F to remove MeCl₂ overhead. The overhead vapors are then cooled to 70F. Flow rate is conservatively based on maximum vapor displacement.

The recovered MECl₂ is accumulated.

Emissions are routed through a diesel scrubber and carbon adsorption bed with a maximum exhaust concentration of 100 ppmv VOC.

P = 14.7 psia
 V (hourly) = 4000 gal/hr = 534.76 ft³/hr
 V (annual) = 450,000 gal/yr = 60160.43 ft³/yr
 R = 10.73 (psi*ft³)/(lbmole*R)
 T = 70 F = 530 R
 C = 100 ppmv VOC
 MW (MeCl₂) = 84.933 lb/lbmole
 MW (Methanol) = 32.04 lb/lbmole
 MW (Diesel) = 130 lb/lbmole

$$\begin{aligned}
 PV &= nRT \\
 n &= PV/RT \\
 n(\text{VOC}) &= n * C/1,000,000 \\
 \text{lb} &= n * \text{MW} = \text{MW}(PV/RT)
 \end{aligned}$$

	moles/hr	moles VOC/hr
n =	1.38	155.51
n (VOC) =	1.38E-04	1.56E-02

Emissions

Chemical	lb/hr	tpy
MeCl ₂	0.01174	0.00066
Methanol	0.00443	0.00025
Diesel	0.01797	0.00101

CES Environmental Services**Emissions from transfer recovered MeCl₂ to tank truck**

MeCl₂ recovered flows into the product tank trailer.
Emissions are routed through a diesel scrubber and carbon adsorption bed with a maximum exhaust concentration of 100 ppmv VOC.

P =	14.7 psia	
V (hourly) =	80 gal/hr =	10.70 ft ³ /hr
V (annual) =	9,000 gal/yr =	1203.21 ft ³ /yr
R =	10.73 (psi*ft ³)/(lbmole*R)	
T =	80 F =	540 R
C =	100 ppmv VOC	
MW (MeCl ₂) =	84.933 lb/lbmole	
MW (Methanol) =	32.04	
MW (Diesel) =	130 lb/lbmole	

$$\begin{aligned}PV &= nRT \\n &= PV/RT \\n(\text{VOC}) &= n * C/1,000,000 \\lb &= n * MW = MW(PV/RT)\end{aligned}$$

	moles/hr	moles/yr
n =	0.03	3.05
n (VOC) =	2.71E-06	3.05E-04

Emissions

Chemical	lb/hr	tpy
MeCl ₂	0.00023	0.00001
Methanol	0.00009	0.00000
Diesel	0.00035	0.00002

CES Environmental Services
Hose Clearing/Disconnecting Emissions

Hose Length: 30 feet
Hose Diameter: 2 inch = 0.17 ft
Hose Volume: 0.0218 ft³
Events Per Year: 113

$$lb = MW \cdot n = MW(PV/RT)$$

It is assumed that the remaining vapor is saturated.

The displaced vapors are vented through the diesel scrubber and carbon.

Distillation Tank Transfer Hose:

The hose from the product trailer to the distillation tank is blown with air into the tank.

MATERIAL	Liquid Composition (%)	MW (lb/lb-mole)	Mole Fraction	Temp (F)	VPa (psia)	Emission
						(lb/hr)
MeCl ₂	0.61	84.9	0.8425	80	7.588	0.00243
Methanol	0.19	32.0	0.0990	80	0.261	0.00003
Water	0.20	18.0	0.0585	80	0.031	0.00000
	1.00		1.0000			

Loading Hose:

The hose from the pump to the product trailer is blown with air into the trailer.

MATERIAL	Liquid Composition (%)	MW (lb/lb-mole)	Mole Fraction	Temp (F)	VPa (psia)	Emission
						(lb/hr)
MeCl ₂	0.76	84.9	0.8936	80	8.048	0.00257
Methanol	0.24	32.0	0.1064	80	0.281	0.00003
Water	0.00	18.0	0.0000	80	0.000	0.00000
	1.00		1.0000			

**CES Environmental Services
Fugitive Emissions**

Distillation Tank

Component Type	Service	Quantity	Emission Factor	Controlled Emissions	
				lb/hr	tpy
Valves	Light Liquid	8	0.0035	0.0196	0.0858
Valves	Gas/Vapor	3	0.0089	0.0187	0.0819
Flanges	Light Liquid	22	0.0005	0.0077	0.0337
Flanges	Gas/Vapor	10	0.0029	0.0203	0.0889
Pumps	Light Liquid	1	0.0386	0.0270	0.1183
				0.0933	0.4087

note: Control Efficiency claimed of 30% for OVA inspections.

Speciation		Controlled Emissions	
Material	Wt %	lb/hr	tpy
MeCl ₂	76	0.0709	0.3106
Methanol	24	0.0224	0.0981
Water	0	0.0000	0.0000

FORMS



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

I. REGISTRANT INFORMATION			
A. TCEQ Customer Reference Number:		CN-600618946	
TCEQ Regulated Entity Number:		RN-100693282	
<i>Note: If "NO," CN or RN number was entered above; please fill out the required Core Data Form, which will be available in Step II of the submittal process.</i>			
B. Company or Other Legal Customer Name: CES Environmental Services, Inc.			
Company Official Contact Name: Matt Bowman		Title: President	
Mailing Address: 4904 Griggs Road			
City: Houston		State: Texas	Zip Code: 77021
Phone No.: 713-676-1460		Fax No.: 713-676-1676	E-mail Address: mbowman@cesenviormental.com
C. Technical Contact Name: Philip Evans			Title: Director Technical Services
Company: The WCM Group, Inc.			
Mailing Address: PO Box 3247			
City: Humble		State: Texas	Zip Code: 77347
Phone No.: 281-446-7070		Fax No.: 281-446-3348	E-mail Address: pevans@wcmgroup.com
D. Facility Location Information - Street Address: 4904 Griggs Road			
<i>If "NO," street address, provide written driving directions to the site: (attach description if additional space is needed)</i>			
City: Houston		County: Harris	Zip Code: 77021
II. FACILITY AND SITE INFORMATION			
A. Name and Type of Facility: CES			<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Portable
B. PBR claimed under 30 TAC § 106 (List all):			
§ 106. 261		§ 106.	
§ 106.262		§ 106.	
§ 106.		§ 106.	
Are you claiming a historical standard exemption or PBR?			
			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter effective date and Rule Number:			



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

II. FACILITY AND SITE INFORMATION (continued)			
C. Is there a previous Standard Exemption or PBR for the facility in this registration? (Attach details regarding changes.)			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If "YES," enter Registration Number and Rule Number:	75375, 83191	261, 262	
D. Are there any other facilities at this site which are authorized by an Air Standard Exemption or PBR?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If "YES," enter Registration Number and Rule Number:	X-15980, 83798, 84713	261, 262, 472, 532	
E. Are there any other air preconstruction permits at this site?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter Permit Numbers:			
Are there any other air preconstruction permits at this site that would be directly associated with this project?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter Permit Numbers:			
F. Is this facility located at a site which is required to obtain a federal operating permit pursuant to 30 TAC Chapter 122?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> To be determined	
If the site currently has an existing federal operating permit, enter the permit number:			
Identify the requirements of 30 TAC Chapter 122 that will be triggered if this certification is accepted.			
<input type="checkbox"/> Initial Application for an FOP		<input type="checkbox"/> Significant Revision for an SOP	
<input type="checkbox"/> Operational Flexibility/off Permit Notification for an SOP		<input type="checkbox"/> Minor Revision for an SOP	
<input type="checkbox"/> Revision for GOP		<input type="checkbox"/> To be Determined	
<input checked="" type="checkbox"/> None			
Identify the type(s) issued and/or FOP application(s) submitted/pending for the site. (Check all that apply)			
<input type="checkbox"/> SOP		<input type="checkbox"/> GOP	
<input type="checkbox"/> GOP application/revision application: Submitted or under APD review.			
<input type="checkbox"/> SOP application/revision application: submitted or under APD review.		<input type="checkbox"/> N/A	
G. TCEQ Account Identification Number (if known):		HG 1270 B	
III. FEE INFORMATION			
To determine if a fee is required answer the following question. If "YES," to question III. A., a fee is not required, skip to Section IV. If "NO," to answer II. A., then go to Section III. B. See Section VI. for address to send fee or go to www.2.tceq.state.tx.us/epay to pay online.			
A. Is this registration an update to a previously registered facility and accompanied by a Certification Form solely to establish a federally enforceable emission limit?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. What is the fee amount?			



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

III. FEE INFORMATION (continued)

If "YES," to any of the following three questions, a \$100 fee is require. Otherwise, a \$450 fee is required.

Does this business have less than 100 employees?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Does this business have less than 6 million dollars in annual gross receipts?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Is this registration submitted by a governmental entity with a population of less than 10,000?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. Check/Money Order or Transaction Number (Payable to TCEQ):	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Was fee Paid online?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Company name of check: The WCM Group Inc.	Fee amount: \$450

IV. SELECTED FACILITY REVIEWS ONLY—TECHNICAL INFORMATION

Note: If claiming one of the following PBRs, complete this section, then skip to Section VI., "Submitting your registration" below:

Animal Feeding Operations § 106.161, Livestock Auction Facilities § 106.162, Saw Mills § 106.223, Grain Handling, Storage and Drying § 106.283, Auto Body Refinishing Facilities §106.436, and Air Curtain Incinerator § 106.496

A. Is the applicable PBR checklist attached which shows the facility meets all general and specific requirements of the PBR(s) being claimed? (If submitting electronically, click "YES.")	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Distance from this facility's emission release point to the nearest property line:	feet
Distance from this facility's emission release point to the nearest off-property structure:	feet

V. TECHNICAL INFORMATION INCLUDING STATE AND FEDERAL REGULATORY REQUIREMENTS
Registrants must be in compliance with all applicable state and federal regulations and standards to claim a PBR.

A. Is confidential information submitted and properly marked "CONFIDENTIAL" with this registration?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. Is a process flow diagram or a process description attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. Are emissions data and calculations for this claim attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
D. Is information attached showing how the general requirements (30 TAC § 106.4) of the PBR is met for this Registration? (PBR checklists may be used, but are optional)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Note: Please be reminded that if the facilities listed in this registration are subject to the Mass Emissions Cap & Trade program under 30 TAC Chapter 101, Subchapter H, Division 3, the owner/operator of these facilities must possess NO_x allowances equivalent to the actual NO_x emissions from these facilities.

E. Is information attached showing how the specific PBR requirements are met for this registration? (PBR checklist may be used, but are optional)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
F. Distance from this facility's emission release point to the nearest property line:	100 feet
Distance from this facility's emission release point to the nearest off-property structure:	200 feet

Note: In limited cases, a map or drawing of the site and surrounding land use may be requested during the technical review or at the request of the TCEQ Regional Office or local air pollution control program during an investigation.



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

VI. SIGNATURE FOR CERTIFICATION AND REGISTRATION

The signature below indicates that the Responsible Official has knowledge of the facts herein set forth and that the same are true, accurate, and complete to the best of my knowledge and belief. By this signature, the maximum emission rates listed on this certification reflect the maximum anticipated emissions due to the operation of this facility and all representations in this certification of emissions are conditions upon which the facilities and sources will operate. It is understood that it is unlawful to vary from these representations unless the certification is first revised. The signature certifies that to the best of the Responsible Official's knowledge and belief, the project will satisfy the conditions and limitations of the indicated exemption or permit by rule and the facility will operated in compliance with all regulations of the Texas Commission on Environmental Quality and with Federal U.S. Environmental Protection Agency regulations governing air pollution. The signature below certifies that, based on information and belief formed after reasonable inquiry, the statements and information above and contained in the attached document(s) are true, accurate, and complete. **If you questions on how to fill out this form or about air quality permits. Please call 512/239-1250.** Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, call 512/239-3282.

SIGNATURE: _____
(ORIGINAL SIGNATURE REQUIRED)

DATE: 11/17/08

VII. SUBMITTING COPIES OF THE CERTIFICATION AND REGISTRATION

Copies must be sent as listed below:

Processing delays may occur if copies are not sent as noted.

Who	Where	What
Air Permits Initial Review Team (APIRT)	Regular, Certified, Priority Mail MC161, P.O. Box 13087 Austin, Texas 78711-3087 Hand Delivery, Overnight Mail MC 161, 12100 Park 35 Circle, Building C, Third Floor Austin, Texas 78753 Fax No.: (512) 239-2123 (do not follow fax with paper copies)	Originals Form PI-7, Core Data Form, and all attachments
Revenue Section, TCEQ	Regular, Certified, Priority Mail MC 214, P.O. Box 13088 Austin, Texas 78711-3088 Hand Delivery, Overnight Mail MC 214, 12100 Park 35 Circle, Building A, Third Floor Austin, Texas 78753	Original Money Order or Check Copy of Form PI-7 and Core Data Form
Appropriate TCEQ Regional Office	To find your Regional Office address, go to the TCEQ Web site at www.tceq.state.tx.us , or call (512) 239-1250.	Copy of Form PI-7, Core Data Form, and all attachments.
Appropriate Local Air Pollution Control Program(s)	To Find your local or Regional Air Pollution Control Programs go to the TCEQ, APD Website at www.tceq.state.tx.us/nav/permits/air_permits.html or call (512) 239-1250	Copy of Form PI-7, Core Data Form, and all attachments.

TITLE 30 TAC § 106.4 "QUICK-CHECK" APPLICABILITY CHECKLIST

Company Name: CES Environmental Services, Inc.
 Checklist completed by: The WCM Group, Inc. Date: November 2008
 Facility Type: Tank Truck Cleaning, Product recovery and wastewater treatment
 Permit(s) by rule claimed: 30 TAC Chapter §106: 261
 Project Description (including equipment, materials, and brief process description):

A recovery distillation processing system will produce Methylene Chloride from organic water mixtures.

CO	0.00	NO _x	0.00	VOC	0.41
PM	0.00	SO ₂	0.00	Other	0.00

The following questions require a "Yes" or "No" answer to be indicated for this permit by rule claim:

A. Title 30 TAC § 106.4(a)(5): Current Permit by Rule Requirements

Yes ☒ No ☐ Have you checked to determine if this exempt project is being claimed under the current version of 30 TAC 106?
 If "Yes", continue to next question If "No", please contact the Air Permits Division for a copy of the current permit by rule to be claimed.

B. Title 30 TAC § 106.4(a)(7): Permit by rule prohibition check

Yes ☐ No ☒ Are there any air permits under the same account containing permit conditions which prohibit or restrict the use of permits by rule?
 If "No", continue to next question
 If "Yes", permits by rule may not be used or their use must meet the restrictions of the permit.
 A new permit or permit amendment may be required.
 List permit number(s): _____

C. Title 30 TAC § 106.4(b): Circumvention check

Title 30TAC§ 106.4(b) states "No person shall circumvent by artificial limitations the requirements of§1 16.110 of this title (covering permitting)." Circumvention by artificial limitations may include but is not limited to:

- A. dividing a complete project into separate segments to circumvent §106.4(a)(1) limits;
- B. claiming feed or production rates below the physical capacity of the project's equipment in order to begin constructing facilities before a permit or permit amendment is approved for full scale operations, particularly when the unit will not be economically viable at less than permitted capacity;
- C. claiming a limited chemical list in order to begin constructing facilities before a permit or permit amendment is approved for additional chemicals, particularly when the unit will not be economically viable until the additional chemicals are authorized.

Yes ☐ No ☒ Does your project meet any of the criteria listed above?
 If "No", continue to next rule question If "Yes", a permit by rule may not be claimed.

D. Title 30 TAC § 106.4(c) and (d): Compliance with all Rules

Yes ☒ No ☐ Will the facility comply with all rules and regulations of the TCEQ, the intent of the Texas Clean Air Act, and any local permitting or registration requirements? If "Yes", continue to next rule question If "No", a permit by rule may not be claimed.

E. Title 30 TAC § 106.4(a)(1): Emission limits check

Yes ☒ No ☐ The maximum emissions from all facilities at the site, including this permit by rule claim, are less than 25 tpy of any contaminant.
 If the answer to this questions is "Yes", no further review is needed to complete this checklist. Forward all information needed to verify your permit by rule claim to the . If "No", this checklist cannot be used. Please complete the standard 30 TAC § 106.4 Applicability Checklist.



**Title 30 Texas Administrative Code § 106.261
Permit By Rule (PBR) Checklist
Facilities (Emission Limitations)**

Electronic Submittal - Only enter the PI-7 confirmation number here if submitting electronically.

Hard-Copy Submittal - Print and complete the following checklist.

The following checklist is designed to help you confirm that you meet Title 30 Texas Administrative Code § 106.261 (30 TAC § 106.261) requirements. If you do not meet all the requirements, you may alter the project design or operation in such a way that all the requirements of the PBR are met or you may obtain a construction permit. The PBR forms, tables, checklists and guidance documents are available from the Texas Commission on Environmental Quality (TCEQ), Air Permits Division Web site at, www.tceq.state.tx.us/nav/permits/air_permits.html.

CHECK THE MOST APPROPRIATE ANSWER																																																				
Is a description or checklist of how this claim meets the general requirements for the use of PBRs in 30 TAC § 106.4 attached?			X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																	
b1	Is this claim for construction of a facility authorized in another section of this chapter or for which a standard permit is in effect? If "YES," this PBR cannot be used to authorize emissions from the project			<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A																																																
b2	Is this claim for any change to any facility authorized under another section of this chapter or authorized under a standard permit? If "YES," this PBR cannot be used to authorize emissions from the project			<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A																																																
a1	Are facilities or changes located at least 100 feet from any recreational area or residence or other structure not occupied or used solely by the owner or operator of the facilities or the owner of the property upon which the facilities are located?			X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
a2	Are total new or increased emissions, including fugitives, less than or equal to 6.0 pounds per hour (lb/hr) and ten tons per year of the following materials (check all that apply):			X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
<table border="0"><tr><td><input type="checkbox"/> acetylene</td><td><input type="checkbox"/> helium</td><td><input type="checkbox"/> propyl ether</td><td><input type="checkbox"/> limestone</td></tr><tr><td><input type="checkbox"/> argon</td><td><input type="checkbox"/> isohexane</td><td><input type="checkbox"/> sulfur dioxide</td><td><input type="checkbox"/> magnesite</td></tr><tr><td><input type="checkbox"/> butane</td><td><input type="checkbox"/> isopropyl alcohol</td><td><input type="checkbox"/> alumina</td><td><input type="checkbox"/> marble</td></tr><tr><td><input type="checkbox"/> crude oil</td><td><input type="checkbox"/> methyl acetylene</td><td><input type="checkbox"/> calcium carbonate</td><td><input type="checkbox"/> pentaerythritol</td></tr><tr><td><input type="checkbox"/> carbon monoxide</td><td><input type="checkbox"/> methyl chloroform</td><td><input type="checkbox"/> calcium silicate</td><td><input type="checkbox"/> plaster of paris</td></tr><tr><td><input type="checkbox"/> cyclohexane</td><td><input type="checkbox"/> methyl cyclohexane</td><td><input type="checkbox"/> cellulose fiber</td><td><input type="checkbox"/> silicon</td></tr><tr><td><input type="checkbox"/> cyclohexene</td><td><input type="checkbox"/> neon</td><td><input type="checkbox"/> cement dust</td><td><input type="checkbox"/> silicon carbide</td></tr><tr><td><input type="checkbox"/> cyclopentan</td><td><input type="checkbox"/> nonan</td><td><input type="checkbox"/> emery dust</td><td><input type="checkbox"/> starch</td></tr><tr><td><input type="checkbox"/> ethyl acetate</td><td><input type="checkbox"/> oxides of nitrogen</td><td><input type="checkbox"/> glycerin mist</td><td><input type="checkbox"/> sucrose</td></tr><tr><td><input type="checkbox"/> ethanol</td><td><input type="checkbox"/> propane</td><td><input type="checkbox"/> gypsum</td><td><input type="checkbox"/> zinc stearate</td></tr><tr><td><input type="checkbox"/> ethyl ether</td><td><input type="checkbox"/> propyl alcohol</td><td><input type="checkbox"/> iron oxide dust</td><td><input type="checkbox"/> zinc oxide</td></tr><tr><td><input type="checkbox"/> ethylene</td><td><input type="checkbox"/> propylene</td><td><input type="checkbox"/> kaolin</td><td></td></tr></table>					<input type="checkbox"/> acetylene	<input type="checkbox"/> helium	<input type="checkbox"/> propyl ether	<input type="checkbox"/> limestone	<input type="checkbox"/> argon	<input type="checkbox"/> isohexane	<input type="checkbox"/> sulfur dioxide	<input type="checkbox"/> magnesite	<input type="checkbox"/> butane	<input type="checkbox"/> isopropyl alcohol	<input type="checkbox"/> alumina	<input type="checkbox"/> marble	<input type="checkbox"/> crude oil	<input type="checkbox"/> methyl acetylene	<input type="checkbox"/> calcium carbonate	<input type="checkbox"/> pentaerythritol	<input type="checkbox"/> carbon monoxide	<input type="checkbox"/> methyl chloroform	<input type="checkbox"/> calcium silicate	<input type="checkbox"/> plaster of paris	<input type="checkbox"/> cyclohexane	<input type="checkbox"/> methyl cyclohexane	<input type="checkbox"/> cellulose fiber	<input type="checkbox"/> silicon	<input type="checkbox"/> cyclohexene	<input type="checkbox"/> neon	<input type="checkbox"/> cement dust	<input type="checkbox"/> silicon carbide	<input type="checkbox"/> cyclopentan	<input type="checkbox"/> nonan	<input type="checkbox"/> emery dust	<input type="checkbox"/> starch	<input type="checkbox"/> ethyl acetate	<input type="checkbox"/> oxides of nitrogen	<input type="checkbox"/> glycerin mist	<input type="checkbox"/> sucrose	<input type="checkbox"/> ethanol	<input type="checkbox"/> propane	<input type="checkbox"/> gypsum	<input type="checkbox"/> zinc stearate	<input type="checkbox"/> ethyl ether	<input type="checkbox"/> propyl alcohol	<input type="checkbox"/> iron oxide dust	<input type="checkbox"/> zinc oxide	<input type="checkbox"/> ethylene	<input type="checkbox"/> propylene	<input type="checkbox"/> kaolin	
<input type="checkbox"/> acetylene	<input type="checkbox"/> helium	<input type="checkbox"/> propyl ether	<input type="checkbox"/> limestone																																																	
<input type="checkbox"/> argon	<input type="checkbox"/> isohexane	<input type="checkbox"/> sulfur dioxide	<input type="checkbox"/> magnesite																																																	
<input type="checkbox"/> butane	<input type="checkbox"/> isopropyl alcohol	<input type="checkbox"/> alumina	<input type="checkbox"/> marble																																																	
<input type="checkbox"/> crude oil	<input type="checkbox"/> methyl acetylene	<input type="checkbox"/> calcium carbonate	<input type="checkbox"/> pentaerythritol																																																	
<input type="checkbox"/> carbon monoxide	<input type="checkbox"/> methyl chloroform	<input type="checkbox"/> calcium silicate	<input type="checkbox"/> plaster of paris																																																	
<input type="checkbox"/> cyclohexane	<input type="checkbox"/> methyl cyclohexane	<input type="checkbox"/> cellulose fiber	<input type="checkbox"/> silicon																																																	
<input type="checkbox"/> cyclohexene	<input type="checkbox"/> neon	<input type="checkbox"/> cement dust	<input type="checkbox"/> silicon carbide																																																	
<input type="checkbox"/> cyclopentan	<input type="checkbox"/> nonan	<input type="checkbox"/> emery dust	<input type="checkbox"/> starch																																																	
<input type="checkbox"/> ethyl acetate	<input type="checkbox"/> oxides of nitrogen	<input type="checkbox"/> glycerin mist	<input type="checkbox"/> sucrose																																																	
<input type="checkbox"/> ethanol	<input type="checkbox"/> propane	<input type="checkbox"/> gypsum	<input type="checkbox"/> zinc stearate																																																	
<input type="checkbox"/> ethyl ether	<input type="checkbox"/> propyl alcohol	<input type="checkbox"/> iron oxide dust	<input type="checkbox"/> zinc oxide																																																	
<input type="checkbox"/> ethylene	<input type="checkbox"/> propylene	<input type="checkbox"/> kaolin																																																		
X refinery petroleum fractions (except for pyrolysis naphthas and pyrolysis gasoline) containing less than ten volume percent benzene <input type="checkbox"/> fluorocarbons Numbers 11, 12, 13, 14, 21, 22, 23, 113, 114, 115, and 116																																																				
a3	Are total new or increased emissions, including fugitives, less than or equal to 1.0 lb/hr of any chemical having a limit value (L) greater than 200 milligrams per cubic meter (mg/m ³) as listed and referenced in Table 262 of 30 TAC § 106.262 of this title (relating to Facilities (Emission and Distance Limitations)? List chemical: <u>Methanol</u> L value: <u>262</u>			X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
Are total new or increased emissions, including fugitives, less than or equal to 1.0 lb/hr of any chemical not listed or referenced in Table 262? List chemical: _____				<input type="checkbox"/> YES <input type="checkbox"/> NO XN/A																																																
Are total new or increased emissions, including fugitives, of a chemical with a limit value of less than 200 mg/m ³ ? If "Yes" the authorization of the chemical is not allowed under this section. We suggest you use 30 TAC §106.262 to authorize the emissions, if applicable.				<input type="checkbox"/> YES <input type="checkbox"/> NO XN/A																																																

a4 Are there any changes to or additions of any existing air pollution abatement equipment?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
a5 Will there be any visible emissions, except uncombined water, emitted to the atmosphere from any point or fugitive source in amounts greater than 5.0% opacity in any six-minute period?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
a6 Are emission increases five tons per year or greater? If "YES," this checklist must be attached to a Form PI-7 within ten days following the installation or modification of the facilities. The notification shall include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
<p>a7 Are emission increases less than five tons per year? If "YES," this checklist must be attached to a Form PI-7 and include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any. (pick one):</p> <p><input checked="" type="checkbox"/> Within ten days following the installation or modification of the facilities. The notification shall include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any; or</p> <p><input type="checkbox"/> By March 31 of the following year summarizing all uses of this permit by rule in the previous calendar year.</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A



Title 30 Texas Administrative Code § 106.262
Permit by Rule (PBR) Checklist
Facilities (Emission and Distance Limitations)

Electronic Submittal - Only enter the PI-7 confirmation number here if submitting electronically.
Hard-Copy Submittal - Print and complete the following checklist.

The following checklist is designed to help you confirm that you meet Title 30 Texas Administrative Code § 106.262 (30 TAC § 106.262) requirements. If you do not meet all the requirements, you may alter the project design or operation in such a way that all the requirements of the PBR are met or you may obtain a construction permit. The PBR forms, tables, checklists and guidance documents are available from the Texas Commission on Environmental Quality (TCEQ), Air Permits Division Web site at, www.tceq.state.tx.us/nav/permits/air_permits.html.

CHECK THE MOST APPROPRIATE ANSWER			
Is a description or checklist of how this claim meets the general requirements for the use of PBRs in 30 TAC § 106.4 attached?		X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
b1. Is this claim for construction of a facility authorized in another section of this chapter or for which a standard permit is in effect? <i>If "YES," this PBR cannot be used to authorize emissions from the project.</i>		<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A	
b2. Is this claim for any change to any facility authorized under another section of this chapter or authorized under a standard perm? <i>If "YES," this PBR cannot be used to authorize emissions from the project.</i>		<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A	
c. Is the facility authorized under another section of this chapter or under a standard permit? <i>If "YES," subsection (a)(2) and (3) of this section may be used to qualify the use of other chemicals at the facility.</i>		X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
a1. Are facilities or changes located at least 100 feet from any recreational area or residence or other structure not occupied or used solely by the owner or operator of the facilities or the owner of the property upon which the facilities are located?		X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
a2. Are new or increased emissions, including fugitives, emitted in a quantity less than five tons per year or in a quantity less than E as determined by using the equation $E=L/K$? See Table 262 Figures 1 and 2. <i>If "YES," the notification shall include a description of the project, calculations for all emissions being claimed under this PBR:</i>		X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Chemical: <u>Methylene Chloride</u> L value: <u>26</u> D: <u>200</u> K: <u>200</u>			
a3. Is this checklist attached to a Form PI-7 within ten days following the installation or modification of the facilities? <i>If "YES," the notification shall include a description of the project, calculations, and data identifying specific chemical names, L values, and a description of pollution control equipment, if any..</i>		X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
a4. Are one or more of the following chemicals is handled for this registration? (Check all that apply) <i>If "YES," answer the following four questions.</i>		<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A	
<input type="checkbox"/> acrolein <input type="checkbox"/> allyl chloride <input type="checkbox"/> ammonia (anhydrous) <input type="checkbox"/> arsine <input type="checkbox"/> boron trifluoride <input type="checkbox"/> bromine <input type="checkbox"/> carbon disulfide <input type="checkbox"/> chlorine <input type="checkbox"/> chlorine dioxide <input type="checkbox"/> chlorine trifluoride <input type="checkbox"/> chloroacetaldehyde <input type="checkbox"/> chloropicrin <input type="checkbox"/> chloroprene	<input type="checkbox"/> diazomethane <input type="checkbox"/> diborane <input type="checkbox"/> diglycidyl ether <input type="checkbox"/> dimethylhydrazine <input type="checkbox"/> ethyleneimine <input type="checkbox"/> ethyl mercaptan <input type="checkbox"/> fluorine <input type="checkbox"/> formaldehyde (anhydrous) <input type="checkbox"/> hydrogen bromide <input type="checkbox"/> hydrogen chloride <input type="checkbox"/> hydrogen cyanide <input type="checkbox"/> hydrogen fluoride <input type="checkbox"/> hydrogen selenide	<input type="checkbox"/> hydrogen sulfide <input type="checkbox"/> ketene <input type="checkbox"/> methylamine <input type="checkbox"/> methyl bromide <input type="checkbox"/> methyl hydrazine <input type="checkbox"/> methyl isocyanate <input type="checkbox"/> methyl mercaptan <input type="checkbox"/> nickel carbonyl <input type="checkbox"/> nitric acid <input type="checkbox"/> nitric oxide <input type="checkbox"/> nitrogen dioxide <input type="checkbox"/> oxygen difluoride	<input type="checkbox"/> ozone <input type="checkbox"/> pentaborane <input type="checkbox"/> perchloromethyl mercaptan <input type="checkbox"/> perchloryl fluoride <input type="checkbox"/> phosgene <input type="checkbox"/> phosphine <input type="checkbox"/> phosphorus trichloride <input type="checkbox"/> selenium <input type="checkbox"/> hexafluoride stibine <input type="checkbox"/> liquefied sulfur dioxide <input type="checkbox"/> sulfur pentafluorid <input type="checkbox"/> tellurium hexafluoride



Title 30 Texas Administrative Code § 106.262
Permit by Rule (PBR) Checklist
Facilities (Emission and Distance Limitations)

Are all facilities are located at least 300 feet from the nearest property line and 600 feet from any off-plant receptor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Are the cumulative amount of any of the following chemicals resulting from one or more authorizations under this section (but not including permit authorizations) less than or equal to 500 pounds on the plant property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Are all listed chemicals handled only in unheated containers operated in compliance with the United States Department of Transportation regulation (49 Code of Federal Regulation, Parts 171-178)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Are any changes to or additions of any existing air pollution abatement equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
a5. Are there any changes to or additions of any existing air pollution abatement equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
a6. Will there be any visible emissions, except uncombined water, emitted to the atmosphere from any point or fugitive source in amounts greater than 5.0% opacity in any six-minute period?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

D, Feet	K	
100	326	E=maximum allowable hourly emission, and never to exceed 6 pounds per hour.
200	200	
300	139	
400	104	
500	65	
700	54	
800	46	K=value from the table on this page. (interpolate intermediate values)
900	39	
1,000	34	
2,000	14	D=distance to the nearest off-plant receptor
3,000 or more	8	

TABLE 262
LIMIT VALUES (L) FOR USE WITH EXEMPTIONS FROM PERMITTING § 106.262

The values are not to be interpreted as acceptable health effects values relative to the issuance of any permits under Chapter 116 of this title (relating to Control of Air Pollution by Permits for new Construction or Modification).

<u>Compound</u>	<u>Limit (L) Milligrams Per Cubic Meter</u>
Acetone	590.
Acetaldehyde	9.
Acetone	4.
Acetonitrile	34.
Acetylene	2662.
N-Amyl Acetate	2.7
Sec-Amyl Acetate	1.1
Benzene	3.
Beryllium and Compounds	0.0005
Boron Trifluoride, as HF	0.5
Butyl Alcohol,	76.
Butyl Acrylate	19.
Butyl Chromate	0.01
Butyl Glycidyl Ether	30.
Butyl Mercaptain	0.3
Butyraldehyde	1.4
Butyric Acid	1.8
Butyronitrile	22.
Carbon Tetrachloride	12.
Chloroform	10.
Chlorophenol	0.2
Chloroprene	3.6
Chromic Acid	0.01
Chromium Metal, Chromium II and III Compounds	0.1
Chromium VI Compounds	0.01
Coal Tar Pitch Volatiles	0.1
Creosote	0.1
Cresol	0.5
Cumene	50.
Dicyclopentadiene	3.1
Diethylaminoethanol	5.5
Diisobutyl Ketone	63.9
Dimethyl Aniline	6.4
Dioxane	3.6

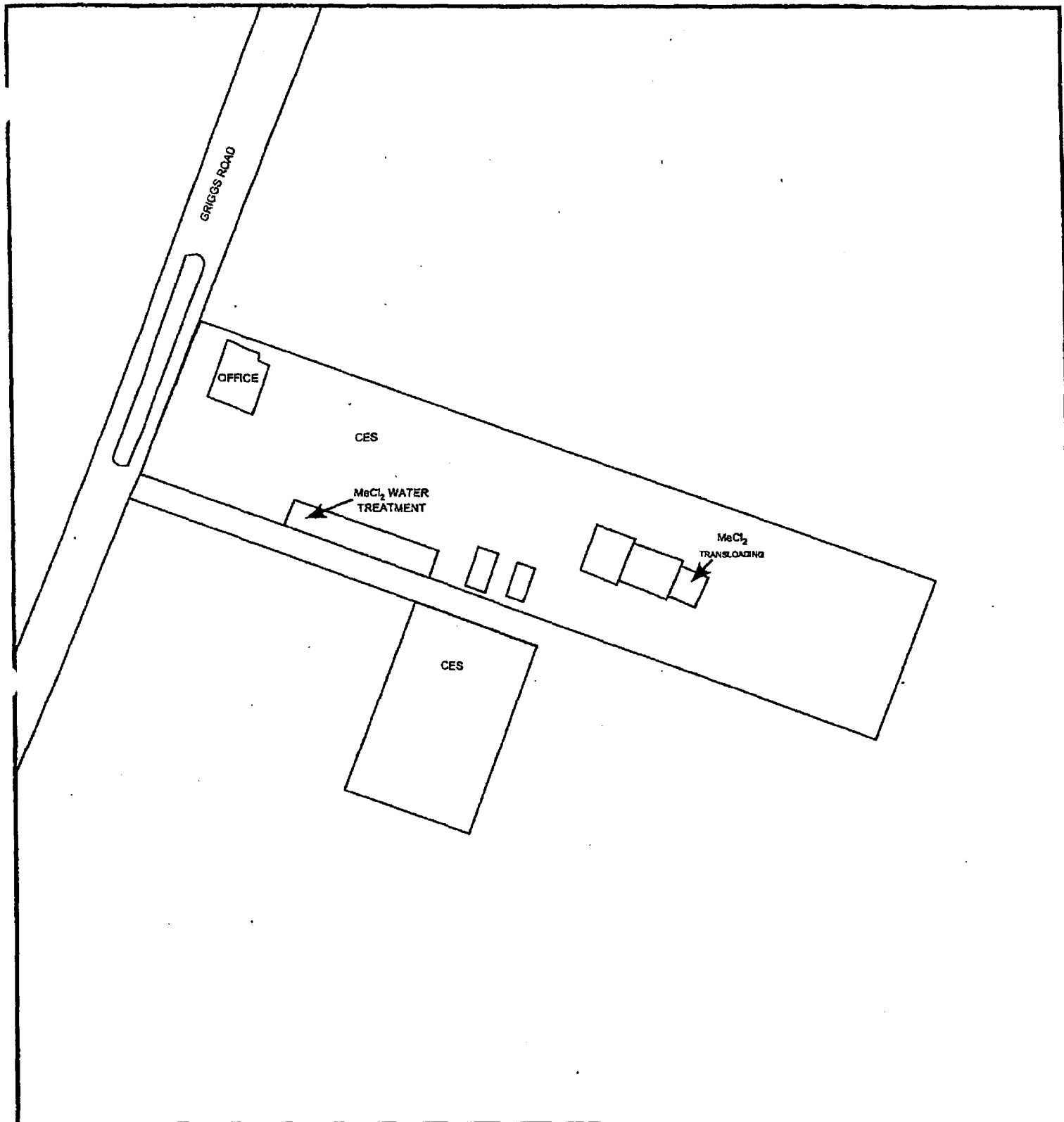
<u>Compound</u>	<u>Limit (L) Milligrams Per Cubic Meter</u>
Dipropylamine	8.4
Ethyl Acrylate	0.5
Ethylene Dibromide	0.38
Ethylene Glycol	26.
Ethylene Glycol Dinitrate	0.1
Ethylidene 2-norbornene, 5-	7.
Ethyl Mercaptan	0.08
Ethyl Sulfide	1.6
Glycolonitrile	5.
Halothane	16.
Heptane	350.
Hexanediamine, 1, 6-	0.32
Hydrogen Chloride	1.
Hydrogen Fluoride	0.5
Hydrogen Sulfide	1.1
Isoamyl Acetate	133.
Isoamyl Alcohol	15.
Isobutyronitrile	22.
Kepone	0.001
Kerosene	100.
Malononitrile	8.
Mesityl Oxide	40.
Methyl Acrylate	5.8
Methyl Amyl Ketone	9.4
Methyl-T-Butyl Ether	45.
Methyl Butyl Ketone	4.
Methyl Disulfide	2.2
Methylenebis (2-chloroaniline) (MOCA)	0.003
Methylene Chloride	26.
Methyl Isoamyl Ketone	5.6
Methyl Mercaptan	0.2
Merthyl Methacrylate	34.
Methyl Propyl Ketone	530.
Methyl Sulfide	0.3
Mineral Spirits	350.
Naphtha	350.
Nickel, Inorganic Compounds	0.015
Nitroglycerine	0.1


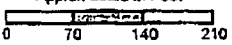

<u>Compound</u>	<u>Limit (L) Milligrams Per Cubic Meter</u>
Nitropropane	5.
Octane	350.
Parathion	0.05
Pentane	350.
Perchloroethylene	33.5
Petroleum Ether	350.
Phenyl Mercaptan	0.4
Propionitrile	14.
Propyl Acetate	62.6
Propylene Oxide	20.
Propyl Mercaptan	0.23
Silica-amorphous-precipitated, silica gel	4.
Silicon Carbide	4.
Stoddard Solvent	350.
Styrene	21.
Succionitrile	20.
Tolidin	0.02
Trichloroethylene	135.
Trinethylamine	0.1
Valeric Acid	0.34
Vinyl Acetate	15.
Vinyl Chloride	2.

NOTE: The time weighted average (TWA) threshold Limit Value (TLV) published by the American Conference of Governmental Industrial Hygienists (ACGIH), in its TLVs and BEIs guide (1997 Edition) shall be used for compounds not included in the table. The Short Term Exposure Level (STEL) or Ceiling Limit (annotated with a "C") published by the ACGIH shall be used for compounds that do not have a published TWA TLV. This section cannot be used if the compound is not listed in the table or does not have a published TWA TLV, STEL, or Ceiling Limit in the ACGIH TLVs and BEIs guide.

SITE MAP

PLOT PLAN



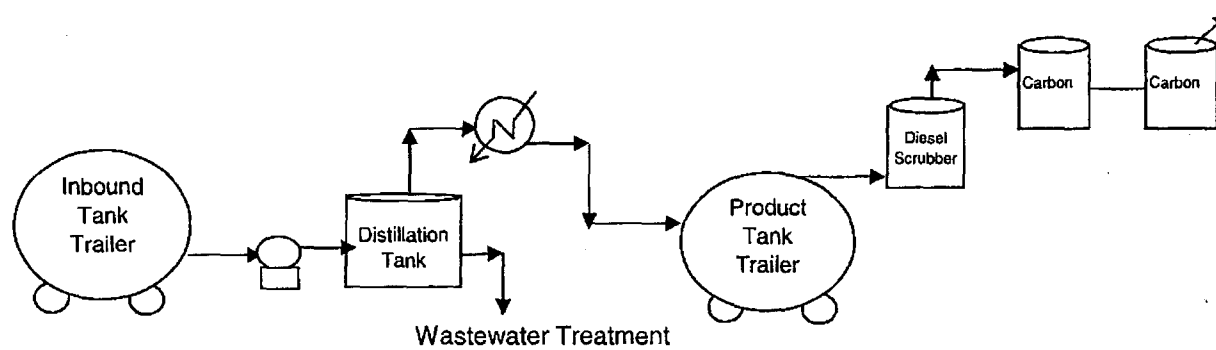
 <p>The WCM Group, Inc. P. O. Box 3247 Humble, TX 77347-3247 (281) 446-7070 Fax (281) 446-3348</p>		<p align="center">SITE DIAGRAM CES ENVIRONMENTAL SERVICES, INC. 4904 GRIGGS ROAD HOUSTON, HARRIS COUNTY, TEXAS</p>		<p align="center">FIGURE 2</p>
		<p>DRAWN BY: LLS</p> <p>DATE: 10/19/2007</p> <p>REV. DATE:</p>	<p align="center">Approx Scale in Feet</p> 	
		<p>DRAWING ID: H:\client\CES\Houston Site.cvx</p>		

EPAHO043000842

PROCESS FLOW DIAGRAM

Methylene Chloride Process Flow Diagram

Methylene Chloride Transloading with Distillation



SULFIDIC CAUSTIC
RECYCLING

Philip Evans

From: Karl Guidry [kguidry@cesenvironmental.com]
Sent: Wednesday, January 30, 2008 5:46 PM
To: Desiree Westcott
Cc: Philip Evans
Subject: CES - Sulfidic Caustic Recycling Data Needs for PBR Evaluation

Hello all,

This is the info being submitted for the Sulfidic Caustic Recycling PBR.

1. Process Overview – Loads of the Sulfidic caustic material are received at the CES Facility located at 4904 Griggs Rd. in Houston, Texas.
2. Trucks are staged at the receiving area.
3. A sample from each load is drawn for QA/QC analysis for solids and oil content.
4. Based on solids concentration, the material is then filter pressed to remove solids in Filter Press Unit 378.
5. Based on oil concentration, the caustic is unloaded until phase separation of the oil is achieved.
6. The caustic load is staged in an area between the old and new oil processing areas.
7. The oil portion is then transferred to a 250 gallon tote for recycling.
8. The recycled caustic is then transferred into Poly Tank Unit 13 and Poly Tank Unit 14, which are 5,000 gallon storage tanks.
9. The emissions will be scrubbed through an International Scrubco, Inc supplied vapor scrubber unit, which draws vapors through the scrubber with the use of a centrifugal pump. The emissions will also pass through a "knock-out" drum then through a deodorizer unit which is in series to the scrubber.
10. The quality caustic material is then transferred into a vacuum trailer for delivery to the customer. The material loads average ~ 5,000 gallons.

Be advised I am working on a process flow diagram and will make it available as soon as completed. Please let me know if there is anything else you require.

Karl Guidry
CES Environmental Services, Inc.
HSE Manager

November 13, 2008

Mr. Don Dale Nelon
Air Permits Initial Review Team (APIRT), MC161
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
Building F, Room 1206
12100 Park 35 Circle
Austin, TX 78753

LONE STAR
AIRBILL NUMBER

Reference: CES Environmental Services, Inc.
Houston, Harris County, Texas
Registration of Permit-By-Rule §106.472, §106.532
CN600618946; RN100693282

Dear Mr. Nelon:

On behalf of CES Environmental Services, Inc. (CES), please find enclosed package authorizing the sulfidic caustic processing. The process qualifies for authorization under Permit-By-Rule (PBR) §106.472 and §106.532 and is being submitted for documentation.

If you have questions regarding this registration, or require further information, please do not hesitate to contact Mr. Matt Bowman of CES at (713) 676-1460, or me directly at (281) 446-7070.

Sincerely,

Philip B. Evans
Director, Technical Services

Enclosure

cc: M. Bowman
L. Vasse
B. Allen -City of Houston

EPAHO043000847

November 13, 2008

Mr. John Racanelli
Revenue Section (MC-214)
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
Building F, Room 1206
12100 Park 35 Circle
Austin, TX 78753

LONE STAR
AIRBILL NUMBER

Reference: CES Environmental Services, Inc.
Houston, Harris County, Texas
Registration of Permit-By-Rule §106.472, §106.532
CN600618946; RN100693282

Dear Mr. Racanelli:

On behalf of CES Environmental Services, Inc., please find enclosed a check in the amount of \$100 to cover the fee for the above referenced Permit-By-Rule (PBR) registration. A copy of the PI-7 Form is also enclosed.

If you have questions regarding this registration, or require further information, please do not hesitate to contact Mr. Matt Bowman of CES at (713) 676-1460, or me directly at (281) 446-7070.

Sincerely,

Philip B. Evans
Director, Technical Services

Enclosure

cc: M. Bowman
L. Vasse
B. Allen -City of Houston

EPAHO043000848



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

I. REGISTRANT INFORMATION				
A. TCEQ Customer Reference Number:		CN-600618946	TCEQ Regulated Entity Number:	RN-100693282
<i>Note: If "NO," CN or RN number was entered above; please fill out the required Core Data Form, which will be available in Step II of the submittal process.</i>				
B. Company or Other Legal Customer Name: CES Environmental Services, Inc.				
Company Official Contact Name: Matt Bowman			Title: President	
Mailing Address: 4904 Griggs Road				
City: Houston			State: Texas	Zip Code: 77021
Phone No.: 713-676-1460		Fax No.: 713-676-1676		E-mail Address: mbowman@cesenviormental.com
C. Technical Contact Name: Philip Evans				Title: Director Technical Services
Company: The WCM Group, Inc.				
Mailing Address: PO Box 3247				
City: Humble			State: Texas	Zip Code: 77347
Phone No.: 281-446-7070		Fax No.: 281-446-3348		E-mail Address: pevans@wcmgroup.com
D. Facility Location Information - Street Address: 4904 Griggs Road				
<i>If "NO," street address, provide written driving directions to the site: (attach description if additional space is needed)</i>				
City: Houston		County: Harris		Zip Code: 77021
II. FACILITY AND SITE INFORMATION				
A. Name and Type of Facility: CES Environmental Services, Inc.				<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Portable
B. PBR claimed under 30 TAC § 106 (List all):				
§ 106. 472		§ 106.		
§ 106.532		§ 106.		
§ 106.		§ 106.		
Are you claiming a historical standard exemption or PBR?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>If "YES," enter effective date and Rule Number:</i>				



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

II. FACILITY AND SITE INFORMATION (continued)			
C. Is there a previous Standard Exemption or PBR for the facility in this registration? (Attach details regarding changes.)			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter Registration Number and Rule Number:			
D. Are there any other facilities at this site which are authorized by an Air Standard Exemption or PBR ?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If "YES," enter Registration Number and Rule Number:			X-15980, 75375, 83798, 84713, 261, 262, 472, 532 83191
E. Are there any other air preconstruction permits at this site?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter Permit Numbers:			
Are there any other air preconstruction permits at this site that would be directly associated with this project?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter Permit Numbers:			
F. Is this facility located at a site which is required to obtain a federal operating permit pursuant to 30 TAC Chapter 122?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> To be determined
If the site currently has an existing federal operating permit, enter the permit number:			
Identify the requirements of 30 TAC Chapter 122 that will be triggered if this certification is accepted.			
<input type="checkbox"/> Initial Application for an FOP		<input type="checkbox"/> Significant Revision for an SOP	
<input type="checkbox"/> Operational Flexibility/off Permit Notification for an SOP		<input type="checkbox"/> Minor Revision for an SOP	
<input type="checkbox"/> Revision for GOP		<input type="checkbox"/> To be Determined	
<input checked="" type="checkbox"/> None			
Identify the type(s) issued and/or FOP application(s) submitted/pending for the site. (Check all that apply)			
<input type="checkbox"/> SOP		<input type="checkbox"/> GOP	
<input type="checkbox"/> GOP application/revision application: Submitted or under APD review.			
<input type="checkbox"/> SOP application/revision application: submitted or under APD review.		<input type="checkbox"/> N/A	
G. TCEQ Account Identification Number (if known):			HG 1270 B
III. FEE INFORMATION			
To determine if a fee is required answer the following question. If "YES," to question III. A., a fee is not required, skip to Section IV. If "NO," to answer II. A., then go to Section III. B. See Section VI. for address to send fee or go to www.2.tceq.state.tx.us/epay to pay online.			
A. Is this registration an update to a previously registered facility and accompanied by a Certification Form solely to establish a federally enforceable emission limit?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. What is the fee amount?			



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

III. FEE INFORMATION (continued)

If "YES," to any of the following three questions, a \$100 fee is require. Otherwise, a \$450 fee is required.

Does this business have less than 100 employees?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Does this business have less than 6 million dollars in annual gross receipts?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Is this registration submitted by a governmental entity with a population of less than 10,000?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. Check/Money Order or Transaction Number (Payable to TCEQ): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Was fee Paid online? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Company name of check: The WCM Group Inc.	Fee amount: \$ 100

IV. SELECTED FACILITY REVIEWS ONLY—TECHNICAL INFORMATION

Note: If claiming one of the following PBRs, complete this section, then skip to Section VI., "Submitting your registration" below:

Animal Feeding Operations § 106.161, Livestock Auction Facilities § 106.162, Saw Mills § 106.223, Grain Handling, Storage and Drying § 106.283, Auto Body Refinishing Facilities §106.436, and Air Curtain Incinerator § 106.496

A. Is the applicable PBR checklist attached which shows the facility meets all general and specific requirements of the PBR(s) being claimed? (If submitting electronically, click "YES.")	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Distance from this facility's emission release point to the nearest property line:	feet
Distance from this facility's emission release point to the nearest off-property structure:	feet

V. TECHNICAL INFORMATION INCLUDING STATE AND FEDERAL REGULATORY REQUIREMENTS.
Registrants must be in compliance with all applicable state and federal regulations and standards to claim a PBR.

A. Is confidential information submitted and properly marked "CONFIDENTIAL" with this registration?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. Is a process flow diagram or a process description attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. Are emissions data and calculations for this claim attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
D. Is information attached showing how the general requirements (30 TAC § 106.4) of the PBR is met for this Registration? (PBR checklists may be used, but are optional)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Note: Please be reminded that if the facilities listed in this registration are subject to the Mass Emissions Cap & Trade program under 30 TAC Chapter 101, Subchapter H, Division 3, the owner/operator of these facilities must possess NO_x allowances equivalent to the actual NO_x emissions from these facilities.

E. Is information attached showing how the specific PBR requirements are met for this registration? (PBR checklist may be used, but are optional)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
F. Distance from this facility's emission release point to the nearest property line:	100 feet
Distance from this facility's emission release point to the nearest off-property structure:	200 feet

Note: In limited cases, a map or drawing of the site and surrounding land use may be requested during the technical review or at the request of the TCEQ Regional Office or local air pollution control program during an investigation.



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

VI. SIGNATURE FOR CERTIFICATION AND REGISTRATION

The signature below indicates that the Responsible Official has knowledge of the facts herein set forth and that the same are true, accurate, and complete to the best of my knowledge and belief. By this signature, the maximum emission rates listed on this certification reflect the maximum anticipated emissions due to the operation of this facility and all representations in this certification of emissions are conditions upon which the facilities and sources will operate. It is understood that it is unlawful to vary from these representations unless the certification is first revised. The signature certifies that to the best of the Responsible Official's knowledge and belief, the project will satisfy the conditions and limitations of the indicated exemption or permit by rule and the facility will operated in compliance with all regulations of the Texas Commission on Environmental Quality and with Federal U.S. Environmental Protection Agency regulations governing air pollution. The signature below certifies that, based on information and belief formed after reasonable inquiry, the statements and information above and contained in the attached document(s) are true, accurate, and complete. **If you questions on how to fill out this form or about air quality permits. Please call 512/239-1250.** Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, call 512/239-3282.

SIGNATURE: _____ DATE: _____
(ORIGINAL SIGNATURE REQUIRED)

VII. SUBMITTING COPIES OF THE CERTIFICATION AND REGISTRATION

Copies must be sent as listed below:

Processing delays may occur if copies are not sent as noted.

Who	Where	What
Air Permits Initial Review Team (APIRT)	Regular, Certified, Priority Mail MC161, P.O. Box 13087 Austin, Texas 78711-3087 Hand Delivery, Overnight Mail MC 161, 12100 Park 35 Circle, Building C, Third Floor Austin, Texas 78753 Fax No.: (512) 239-2123 (do not follow fax with paper copies)	Originals Form PI-7, Core Data Form, and all attachments
Revenue Section, TCEQ	Regular, Certified, Priority Mail MC 214, P.O. Box 13088 Austin, Texas 78711-3088 Hand Delivery, Overnight Mail MC 214, 12100 Park 35 Circle, Building A, Third Floor Austin, Texas 78753	Original Money Order or Check Copy of Form PI-7 and Core Data Form
Appropriate TCEQ Regional Office	To find your Regional Office address, go to the TCEQ Web site at www.tceq.state.tx.us , or call (512) 239-1250.	Copy of Form PI-7, Core Data Form, and all attachments.
Appropriate Local Air Pollution Control Program(s)	To Find your local or Regional Air Pollution Control Programs go to the TCEQ, APD Website at www.tceq.state.tx.us/nav/permits/air_permits.html or call (512) 239-1250	Copy of Form PI-7, Core Data Form, and all attachments.

July 7, 2008

Mr. Matt Bowman
CES Environmental Services, Inc.
4904 Griggs Road
Houston, Texas 77021

LONE STAR
AIRBILL NUMBER
P2779775

Reference: CES Environmental Services, Inc.
Sulfidic Caustic Process Permit-By-Rule

Dear Mr. Bowman:

Enclosed, please find the documentation for a Permit-By-Rule (PBR) authorizing sulfidic caustic processing. The PBRs being used do not require registration with the Texas Commission on Environmental Quality. However, a copy of the authorization must be maintained.

Should you have any questions concerning this information, please feel free to contact me.

Sincerely,

Philip B. Evans
Director, Technical Services

PBE/tv
27029:5330013.let.doc

Enclosures

EPAHO043000853

**PERMIT-BY-RULE AUTHORIZATION FOR
SULFIDIC CAUSTIC PROCESSING**

**Prepared for
CES ENVIRONMENTAL SERVICES, INC.
Houston, Harris County, Texas**

**Prepared by
THE WCM GROUP, INC.
Humble, Texas**

July 2008

EPAHO043000854

**PERMIT-BY-RULE AUTHORIZATION FOR
SULFIDIC CAUSTIC PROCESSING**

**Prepared for
CES ENVIRONMENTAL SERVICES, INC.
Houston, Harris County, Texas**

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2.0 EMISSIONS SUMMARY	2
3.0 PBR 106.472, 106.532 COMPLIANCE	3

ATTACHMENTS

A - EMISSION CALCULATIONS

FORMS

TCEQ §106.4 CHECKLIST

TCEQ §106.472 CHECKLIST

FIGURES

1 - TOPOGRAPHIC MAP
2 - FACILITY PLOT PLAN
3 - AERIAL PHOTOGRAPH
4 - PROCESS FLOW DIAGRAM

INTRODUCTION

CES Environmental Services, Inc. (CES) operates a tank container cleaning facility at 4904 Griggs Road in Houston, Harris County, Texas (CN600618946, RN100693282) under Texas Commission on Environmental Quality (TCEQ) Permit Exemption No. 15980 and subsequent Permit-By-Rule (PBR) Registration No. 75375.

This package documents a PBR authorization for sulfidic caustic processing operations at the site. Because the process is authorized under 106.472 and 106.532, no registration with the state is required. A mixture that consists of sodium hydroxide, sodium sulfide, sodium hydrosulfide, and sodium carbonate in water, with some oil and solids, enters the facility in a truck tank. The caustic solution may be unloaded until phase separation of the oil is achieved. The remaining oil is loaded into totes. The caustic may then be filter pressed in an existing filter press if it contains a sufficient amount of solids. The recycled caustic is then stored in two existing storage tanks.

Since the materials in the caustic solution are not volatile, there are no emissions from handling the caustic solution. Emissions from loading the phase separated oil into totes are approximately 0.01 pounds per hour (lb/hr) and less than 0.01 tons per year (tpy). To further ensure there are no impacts on surrounding properties, the emissions are routed to a scrubber and deodorizer before being vented to the atmosphere. Details on these operations can be found in the Process Description section of this registration and in the attached calculations.

CES is located in the Houston/Galveston ozone nonattainment area and is classified as a minor source for Volatile Organic Compound (VOC) emissions. The increase in emissions due to this project is less than 0.01 tpy. As a result, the project does not trigger nonattainment netting.

TCEQ §106.4, and §106.472 Checklists are provided in the Forms section of this report. A Topographic Map, Facility Plot Plan, Aerial Photograph, and Process Flow Diagram are included in the Figures section.

1.0 PROCESS DESCRIPTION

A mixture of sodium hydroxide, sodium sulfide, sodium hydrosulfide, and sodium carbonate in water enters the facility through tank truck or other transport vessel. The solution may also contain small amounts of solids or oil. Based on oil concentration, the caustic is unloaded into existing storage tanks until phase separation of the oil is achieved. Any separated oil is then transferred to a 250-gallon tote for recycling. Depending on the solids concentration, the caustic mixture may then be pressed in an existing filter press to remove solids. The recovered caustic mixture is stored in existing Tank Nos. 13 and 14 until it is loaded into tank trucks or other transport vessels for shipment off-site.

2.0 EMISSIONS SUMMARY

Since the materials in the caustic solution are not volatile, there are no emissions from handling the caustic solution. Emissions from loading of the oil phase into totes are calculated in Attachment A. Emissions are calculated using methods outlined in AP-42 conservatively assuming an entire 250-gallon tote is filled in one hour and two totes are filled each month.

3.0 PBR 106.472, 106.532 COMPLIANCE

The handling of sulfidic caustic is being authorized through 30 TAC 106.472(4), which permits the storage and loading of aqueous caustic solutions, except aqueous ammonia. The handling of residual oil decanted from the caustic is authorized under 106.472(1), which allows for the storage and loading of lube oils, fuel oils, and greases. Compliance with these rules is demonstrated through the Exemption 106.472 Checklist located in the Forms section of this report.

Filtration of the aqueous solution is being authorized through 30 TAC 106.532(1)(C). Compliance with this rule is demonstrated through the Exemption 106.532 Checklist located in the Forms section of this report.

ATTACHMENT A
EMISSION CALCULATIONS

CES
Houston
Filling of Oil Tote

Basis Information:

1. Material: Oil
2. Molecular weight: 150.00 lb/lb-mole
3. Average vapor pressure: 0.010 psia
4. Annual throughput: 6,000 gallons/yr
5. Emissions are estimated as follows:

$$LL = [(12.46 \times ((S \times Pva \times Mv) / Ta) / 1000) \times Th \times (1-(e/100))] / 2000$$

$$II = [(12.46 \times ((S \times Pvx \times Mv) / Tx) / 1000) \times FR \times (1-(e/100))]$$

where:

- LL = Controlled loading losses (ton/yr)
 II = Controlled loading losses (lb/hr)
 S = Saturation Factor (0.6, submerged or bottom fill)
 Mv = Vapor molecular Weight (lb/lb mole)
 Pvx = Vapor Pressure @ max. bulk liquid temp. (psia)
 Pva = Vapor Pressure @ avg. bulk liquid temp. (psia)
 Tx = Maximum bulk liquid loading temperature (deg R)
 Ta = Annual average bulk liquid loading temperature (deg R)
 FR = Fill Rate (gal/hr)
 Th = Annual Throughput (gal/yr)
 c = capture efficiency (%)
 e = control efficiency (%)

ANNUAL EMISSIONS INCREASE (LL):

Material: Oil

<u>Input:</u>		Controlled Emissions (EPN FLR):
S =	0.6	LL = 0.0000 ton/yr
Mv =	150.00 lb/lb mole	
Pva =	0.010 psia	Uncontrolled Emissions (EPN L-1):
Ta =	530.08 R	LL = 0.0001 ton/yr
Th =	6,000 gal/yr	
c =	0.0 %	
e =	0.0 %	

MAXIMUM HOURLY EMISSIONS (II):

Material: Oil

<u>Input:</u>		Controlled Emissions (EPN FLR):
S =	0.6	II = 0.00 lb/hr
Mv =	150.00 lb/lb mole	
Pvx =	0.017 psia	Uncontrolled Emissions (EPN L-1):
Tx =	551.67 R	II = 0.01 lb/hr
FR =	250 gal/hr	
c =	0.0 %	
e =	0.0 %	

FORMS

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
AIR PERMITS DIVISION**

TITLE 30 TAC § 106.4 "QUICK-CHECK" APPLICABILITY CHECKLIST

Company Name: CES Environmental Services, Inc.
Checklist completed by: The WCM Group, Inc. Date: 06/25/2008
Facility Type: Tank Spot Vessel Cleaning & Waste Processing
Permit(s) by rule claimed: 30 TAC Chapter §106: 472, 532
Project Description (including equipment, materials, and brief process description):
Sulfidic Caustic Processing

CO	0.00	NO _x	0.00	VOC	<0.01
PM	0.00	SO ₂	0.00	Other	0.00

The following questions require a "Yes" or "No" answer to be indicated for this permit by rule claim:

A. Title 30 TAC § 106.4(a)(5): Current Permit by Rule Requirements

Yes ☒ No ☐ Have you checked to determine if this exempt project is being claimed under the current version of 30 TAC 106?
If "Yes ", continue to next question If "No ", please contact the Air Permits Division for a copy of the current permit by rule to be claimed.

B. Title 30 TAC § 106.4(a)(7): Permit by rule prohibition check

Yes ☐ No ☒ Are there any air permits under the same account containing permit conditions which prohibit or restrict the use of permits by rule?
If "No ", continue to next question
If "Yes ", permits by rule may not be used or their use must meet the restrictions of the permit.
A new permit or permit amendment may be required.
List permit number(s): _____

C. Title 30 TAC § 106.4(b): Circumvention check

Title 30TAC§ 106.4(b) states "No person shall circumvent by artificial limitations the requirements of§l 16.110 of this title (covering permitting)." Circumvention by artificial limitations may include but is not limited to:

- A. dividing a complete project into separate segments to circumvent §106.4(a)(l) limits;*
- B. claiming feed or production rates below the physical capacity of the project's equipment in order to begin constructing facilities before a permit or permit amendment is approved for full scale operations, particularly when the unit will not be economically viable at less than permitted capacity;*
- C. claiming a limited chemical list in order to begin constructing facilities before a permit or permit amendment is approved for additional chemicals, particularly when the unit will not be economically viable until the additional chemicals are authorized.*

Yes ☐ No ☒ Does your project meet any of the criteria listed above?
If "No ", continue to next rule question If "Yes ", a permit by rule may not be claimed

D. Title 30 TAC § 106.4(c) and (d): Compliance with all Rules

Yes ☒ No ☐ Will the facility comply with all rules and regulations of the TCEQ, the intent of the Texas Clean Air Act, and any local permitting or registration requirements? *If "Yes", continue to next rule question. If "No", a permit by rule may not be claimed.*

E. Title 30 TAC § 106.4(a)(1): Emission limits check

Yes ☒ No ☐ The maximum emissions from all facilities at the site, including this permit by rule claim, are less than 25 tpy of any contaminant.
If the answer to this question is "Yes", no further review is needed to complete this checklist. Forward all information needed to verify your permit by rule claim to the . If "No", this checklist cannot be used. Please complete the standard 30 TAC § 106.4 Applicability Checklist



Texas Commission on Environmental Quality

Exemption §106.472 Checklist (Previously Standard Exemption 51)

Organic Liquid Loading and Unloading

The following checklist is designed to help you confirm that you meet §106.472, previously Standard Exemption 51 (STDX 51), requirements. **Any "no" answers indicate that the claim of registration may not meet all requirements for the use of Exemption §106.472, previously Standard Exemption 51.** If you do not meet all the requirements, you may alter the project design/operation in such a way that all the requirements of the exemption are met, or obtain a construction permit.

<u>YES</u>	<u>NO</u>	<u>NA</u>	<u>DESCRIPTION</u>
<u>X</u>	—	—	Have you included a description of how this exemption claim meets the general rule for the use of exemptions (§106, Subchapter A checklist is available)?
<u>X</u>	—	—	Are all the facilities claimed for exemption specifically named in the general section of §106.472, previously STDX 51? (This exemption has been interpreted to allow mixing or blending but <u>not</u> chemical reaction in tankage.)
<u>X</u>	—	—	Is the equipment designed to prevent visible emissions?
<u>X</u>	—	—	Are all the chemicals to be loaded, unloaded, or stored described in §106.472, previously STDX 51(a) - (i)? Attach a list of the chemicals and identify the appropriate item of §106.472, previously STDX 51 that applies. Include additional supporting data. For example, a §106.472, previously STDX 51(i), claim should identify initial boiling points of all compounds to be covered.
—	—	<u>X</u>	Will aqueous ammonia solutions, hydrochloric acid, or acetic acid be vented through a water scrubber?
—	—	<u>X</u>	Are facilities loading, unloading, or storing butyric acid, isobutyric acid, methacrylic acid, mercaptans, croton oil, 2-methyl styrene, or any other compound with an initial boiling point of 300 degrees F or greater listed in 40 CFR 261, Appendix VIII, located at least 500 feet from any recreational area or residence or other structure not occupied or used solely by the owner or operator of the facility or the owner of the property upon which the facility is located? List these compounds and show their handling location on an attached scaled plot plan.



Texas Commission on Environmental Quality

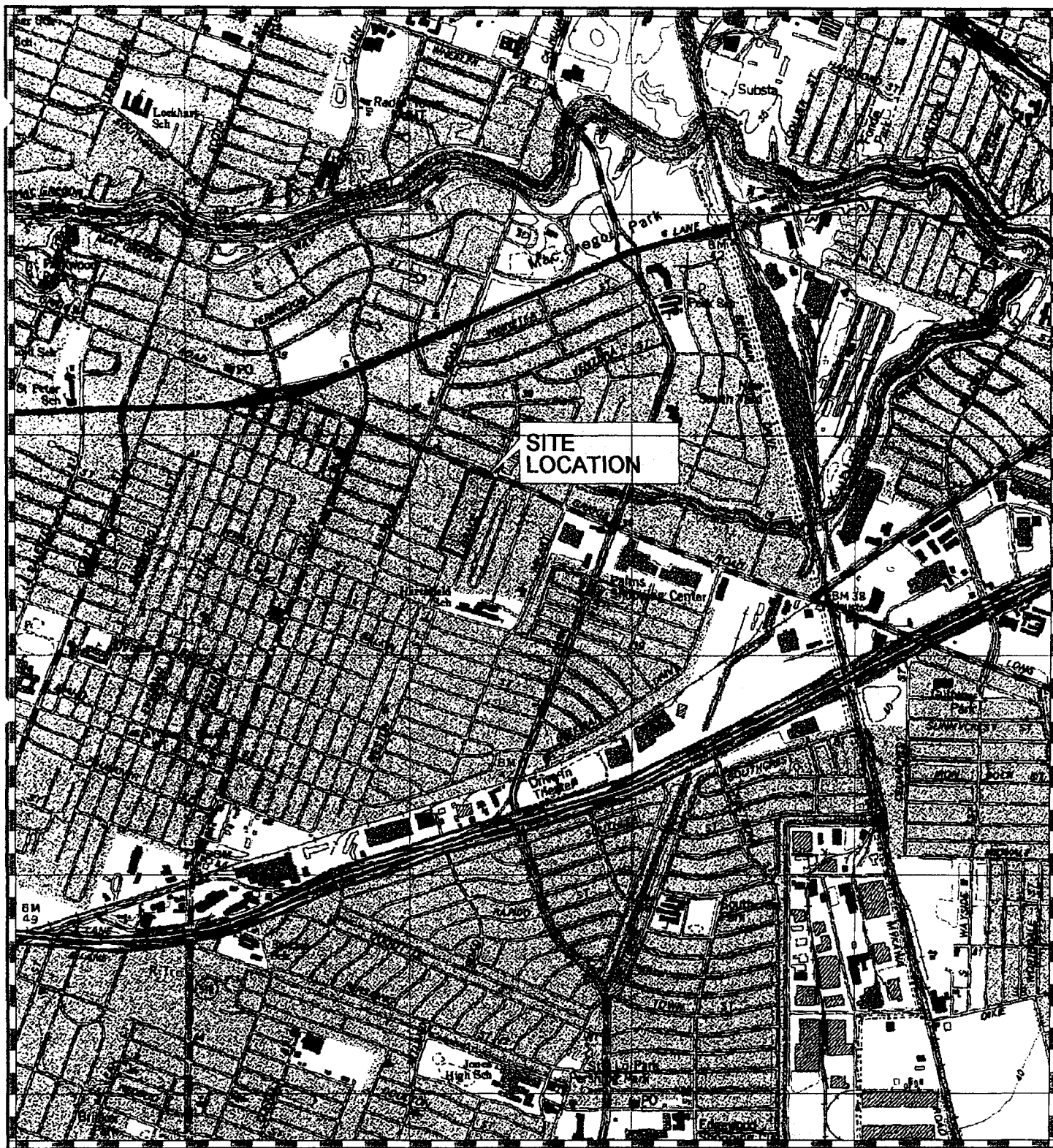
Exemption §106.532 Checklist (Previously Standard Exemption 61)

Water and Waste Water Treatment Units

The following checklist has been designed to help you confirm that you meet Exemption §106.532, previously standard exemption 61 (STDX 61), requirements. **Any "no" answers indicate that the claim of exemption may not meet all requirements for the use of Exemption §106.532, previously standard exemption 61.** If you do not meet all the requirements, you may alter the project design/operation in such a way that all the requirements of the exemption are met or obtain a construction permit.

<u>YES</u>	<u>NO</u>	<u>NA</u>	<u>DESCRIPTION</u>
<u>X</u>	—	—	Have you included a description of how this exemption claim meets the general rule for the use of exemptions (§106.4, previously §116.211 checklist is available)?
<u>X</u>	—	—	Are all the facilities claimed for exemption specifically named or described in §106.532, previously STDX 61's subparagraphs (a)(1)-(15)? Attach a list or detailed description of equipment to be constructed or modified.
—	—	<u>X</u>	Are all stripping and/or aeration units designed and operated to collect stripped gases and send them to a control device that meets the requirements of §106.533, previously STDX 68(e)? Attach a list or description of the strippers and/or aerators identifying the control device to be used for each one.
—	—	<u>X</u>	If combustion is used for control of stripped gases, are all final emissions of HCL resulting from combustion of chlorine or chlorine-containing compounds less than or equal to 0.1 lb/hr?
—	—	<u>X</u>	If the sum of the partial pressures of all species of VOC in any sample are greater than 1.5 psia, are all liquid phase separators enclosed and vented to a control device meeting the requirements of §106.533, previously STDX 68(e)? Attach a list or description for each one of the separators identifying the sum of VOC partial pressures or the control device to be used.
<u>X</u>	—		Have you checked to ensure that none of the facilities claimed for exemption fall in any of the categories of prohibited units listed in STDX §106.532, previously 61(b)?

FIGURE 1
TOPOGRAPHIC MAP



**SITE
LOCATION**

1320 0 1320
1:24,000 1" = 2000 feet



Reproduced from U.S. Topographic Quadrangle: Park
Place Texas; Zone 15

TOPOGRAPHIC MAP
CES ENVIRONMENTAL SERVICES, INC.
4904 GRIGGS ROAD
HOUSTON, HARRIS COUNTY, TEXAS



FIGURE

1

DRAWN BY: LLS DATE: 04-10-2008
FILE: H-client-CES-Houston site.gao

FIGURE 2
FACILITY PLOT PLAN

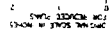


FIGURE 3
AERIAL PHOTOGRAPH



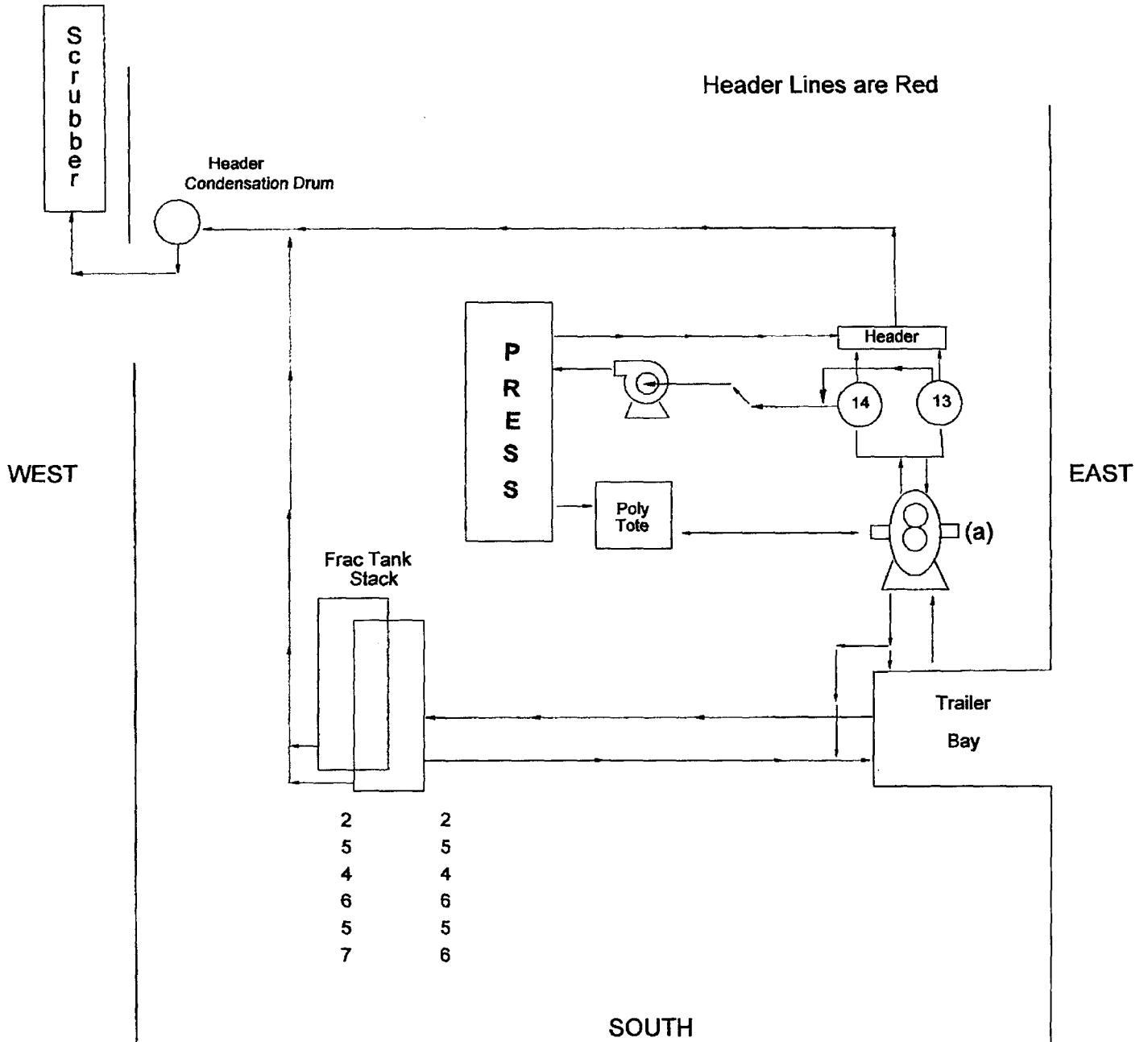
EPAHO043000873

FIGURE 4
PROCESS FLOW DIAGRAM

Sulfidic Caustic Process

April 2, 2008

▲
NORTH



CES Environmental Services, Inc.
Sulfidic Caustic Process (Caustic)
April 2, 2008

EPAHO043000875

Material Safety Data Sheet

SULFIDIC CAUSTIC SOLUTION

SECTION 1	– Chemical Product and Company Identification
SECTION 2	– Composition, Information on Ingredients
SECTION 3	– Hazards Identification
SECTION 4	– First Aid Measures
SECTION 5	– Fire Fighting Measures
SECTION 6	– Accidental Release Measures
SECTION 7	– Handling and Storage
SECTION 8	– Exposure Controls and Personal Protection
SECTION 9	– Physical and Chemical Properties
SECTION 10	– Stability and Reactivity
SECTION 11	– Toxicological Information
SECTION 12	– Ecological Information
SECTION 13	– Disposal Considerations
SECTION 14	– Transport Information
SECTION 15	– Regulatory Information
SECTION 16	– Other Information

SECTION 1 – CHEMICAL PRODUCT and COMPANY IDENTIFICATION

1.1	Product Name	Sulfidic Caustic Solution
	Chemical Family	Inorganic Salt Solution
	Synonyms	NA (mixture)
	Formula	NA (mixture)
1.2	Manufacturer	CES Environmental Services, Inc. 4904 Griggs Road Houston, TX 77021 713-676-1460
1.3	Emergency Contact	Matt Bowman 713-826-1329 CHEMTREC 800-424-9300

SECTION 2 – COMPOSITION and INFORMATION ON INGREDIENTS

2.1 Chemical Ingredients (% by wt)

<u>Typical Analysis</u>		
Sodium Sulfide (Na ₂ S)	CAS#: 1313-82-2	2 – 15%
Sodium Hydroxide (NaOH)	CAS#: 1310-73-2	0 – 15%
Sodium Hydrosulfide (NaHS)	CAS# 16721-80-5	0 – 5%
Sodium Carbonate (Na ₂ CO ₃)	CAS#: 497-19-8	0 – 4%
Water		remaining %

(See Section 8 for exposure guidelines)

SECTION 3 – HAZARDS IDENTIFICATION

NFPA: Health – 3

Flammability – 0

Reactivity – 1

EMERGENCY OVERVIEW

Warning: Solution is highly alkaline.

May evolve small amounts of hydrogen sulfide, a highly toxic gas.

EYE contact will cause marked eye irritation and possible corneal damage.

SKIN contact will result in irritation and possible corrosion of the skin.

INGESTION will irritate and burn the mouth, throat and the gastrointestinal tract; contact with stomach acid will cause hydrogen sulfide vapors to be released.

HEATING or **ACID** contact will cause hydrogen sulfide gas to evolve.

3.1 POTENTIAL HEALTH EFFECTS

EYE: Contact with the eyes will cause marked eye irritation and possibly severe corneal damage.

SKIN CONTACT: Contact with the skin will cause skin irritation or a burning sensation. Prolonged contact will result in corrosion of the skin.

SKIN ABSORPTION: Absorption is unlikely to occur.

INGESTION: Ingestion will result in severe burning and corrosion of mouth, throat and the gastrointestinal tract. If the ingested material contacts stomach acid, highly toxic hydrogen sulfide gas will be evolved.

INHALATION: Product solution and vapors contain some highly toxic hydrogen sulfide gas. Exposure to this gas causes headaches, nausea, dizziness and vomiting. Continued exposure can lead to loss of consciousness and death.

CHRONIC EFFECTS – CARCINOGENICITY: Not listed as a carcinogen by NTP, IARC or OSHA.

SECTION 4 – FIRST AID MEASURES

4.1 **EYES:** Immediately flush with large quantities of water for 15 minutes. Hold eyelids apart during irrigation to insure thorough flushing of the entire area of the eye. Obtain immediate medication.

4.2 **SKIN:** Immediately flush with large quantities of water. Remove contaminated clothing under a safety shower. Obtain immediate medical attention.

4.3 **INGESTION:** DO NOT INDUCE VOMITING. If victim is conscious, immediately give 2 to 4 glasses of water. If vomiting does occur, repeat fluid administration. Obtain immediate medical attention.

4.4 **INHALATION:** Remove victim from contaminated atmosphere. If breathing is labored, administer oxygen. If breathing has ceased, clear airway and start mouth to mouth resuscitation. If heart has stopped beating, external heart massage should be applied. Obtain immediate medical attention.

SECTION 5 – FIRE FIGHTING MEASURES

5.1 FLAMMABLE PROPERTIES

FLASH POINT: Not Flammable

METHOD USED: NA

5.2 FLAMMABLE LIMITS: Hydrogen Sulfide LFL: 4% UFL: 44%

5.3 EXTINGUISHING MEDIA: Water spray or foam or as appropriate for combustion involved in fire.

5.4 FIRE and EXPLOSIVE HAZARDS: Solution is non-flammable. However if these solutions are exposed to heat or acids, hydrogen sulfide will be released and may form explosive mixtures with air (see above). Keep containers and/or storage vessels in fire area cooled with water spray. Heating may cause the release of hydrogen sulfide vapors.

5.5 FIRE FIGHTING EQUIPMENT: Because of the possible presence of toxic gases and the corrosive nature of the product, wear self-contained breathing apparatus, positive pressure, MSHA / NIOSH (approved or equivalent) and full protective gear.

SECTION 6 – ACCIDENTAL RELEASE MEASURES

6.1 SMALL RELEASES: Isolate for 75 feet. Confine area to qualified response personnel. Wear proper Personnel Protective equipment (See Section 8). Confine release material by berming or diverting its path. Absorb on sand, earth or other inert dry absorbent. Do not allow into sewer, storm drains or any waterway. Oxidize residual reactive sulfides with a weak (3-5%) hydrogen peroxide solution to stop the release of toxic hydrogen sulfide. Remove contaminated soil and dispose of in accordance with all governmental regulations.

6.2 LARGE RELEASES: Activate Emergency Response Plan procedures. Isolate release area for 500 feet. Confine area to qualified response personnel. Wear proper Personnel Protective Equipment (See Section 8). Shut off release, if safe to do so. Dike spill area to prevent runoff into sewers, drains (potential toxic and explosive mixtures of hydrogen sulfide in confined spaces) or surface waterways (potential aquatic toxicity). Recover as much of the solution as possible. Treat remaining material as a small release (See 6.1).

SECTION 7 – HANDLING and STORAGE

7.1 HANDLING: Wear proper protective equipment (See Section 8). Avoid breathing product vapors. Avoid contact with skin and eyes. Use only in a well ventilated area. Dilute product only in enclosed containers. Wash thoroughly after handling.

7.2 STORAGE: Store in well ventilated areas. Do not store combustibles in the area of storage vessels. Keep away from any sources of heat or flame. Store tote and smaller containers out of direct sunlight at moderate temperatures [<80 F (27 C)]. (See Section 10.4 for materials of construction)

SECTION 8 – EXPOSURE CONTROLS and PERSONAL PROTECTION

- 8.1 RESPIRATORY PROTECTION: If working near open container or storage vessel opening or open tank truck dome cover, wear self-contained breathing apparatus, positive pressure, MSHA / NIOSH (approved or equivalent).
- 8.2 SKIN PROTECTION: Neoprene rubber gloves, chemical suit and boots should be worn to prevent contact with the liquid. Wash contaminated clothing prior to reuse. Contaminated leather shoes cannot be cleaned and should be discarded.
- 8.3 EYE PROTECTION: Chemical goggles and a full face shield.
- 8.4 EXPOSURE GUIDELINES:
- | | OSHA | ACGIH |
|------------------|------------------------|------------------------|
| | <u>TWA</u> <u>STEL</u> | <u>TLV</u> <u>STEL</u> |
| Hydrogen Sulfide | 20 ppm (ceiling) | 10 ppm (ceiling) |
- 8.5 ENGINEERING CONTROLS: Use adequate exhaust ventilation to prevent inhalation of product vapors. Where feasible scrub process or storage vessel vapors with caustic solution. Maintain eye wash safety shower in areas where chemical is handled.
-

SECTION 9 – PHYSICAL and CHEMICAL PROPERTIES

- 9.1 APPEARANCE: Light to dark brown to green or red liquid.
- 9.2 ODOR: Hydrocarbon (mercaptan), possibly hydrogen sulfide (rotten egg) odor.
- 9.3 BOILING POINT: Not Determined
- 9.4 VAPOR PRESSURE: Not Determined
- 9.5 VAPOR DENSITY: (Air = 1.0) 1.17
- 9.6 SOLUBILITY IN WATER: Complete
- 9.7 SPECIFIC GRAVITY: 1.03 – 1.3 (8.59 – 10.83 lbs/gal)
- 9.8 pH : 11.5 – 13.5
- 9.9 VOLATILE: Not Determined
-

SECTION 10 – STABILITY and REACTIVITY

- 10.1 STABILITY: This is a stable material.
- 10.2 HAZARDOUS POLYMERIZATION: Will not occur.
- 10.3 HAZARDOUS DECOMPOSITION PRODUCTS: Heating product will evolve H₂S gas. fire conditions will cause the production of sulfur dioxide. Hydrogen sulfide (4 – 44%) may form flammable mixtures with air.
- 10.4 INCOMPATIBILITY: Acids will cause the release of highly toxic hydrogen sulfide. Sulfidic caustic solution is not compatible with copper, zinc, aluminum or their alloys (i.e. bronze, brass, galvanized metals, etc.). Corrosive to steel above 150 F (65.5 C). These materials of
-

SECTION 10 – STABILITY and REACTIVITY (Continued)

construction should not be used in handling systems or storage containers for this product.
(See Section 7.2 Storage)

SECTION 11 – TOXICOLOGICAL INFORMATION

11.1 ORAL: Data not available.

11.2 DERMAL: Data not available.

11.3 INHALATION: INH-RAT LC 50: 444 ppm (hydrogen sulfide)

11.4 CHRONIC and CARCINOGENICITY: No evidence available.

11.5 TERATOLOGY: Data not available.

11.6 REPRODUCTION: Data not available.

11.7 MUTAGENICITY: Data not available.

SECTION 12 – ECOLOGICAL INFORMATION

None Available

SECTION 13 – DISPOSAL CONSIDERATIONS

If released to the environment for other than its intended purpose, this product contains some reactive sulfides but not a sufficient quantity to meet the definition of a D003, hazardous waste. The pH may be high enough to meet the definition of a corrosive waste, D002.

SECTION 14 – TRANSPORT INFORMATION

14.1 DOT SHIPPING NAME: Corrosive liquids, n.o.s.

14.2 DOT HAZARD CLASS: 8

14.3 UN/NA NUMBER: UN1760

14.4 PACKING GROUP: II

14.5 DOT PLACARD: Corrosive

14.6 DOT LABEL(s): Corrosive

14.7 IMO SHIPPING NAME: Sodium Hydroxide Solution

14.8 RQ (REPORTABLE QUANTITY): 1,000 lbs (454 Kg) 100% basis (Approx. 538 gals)

14.9 USCG BARGE CERTIFICATION: SSH (sodium sulfide, hydrosulfide solutions, H₂S 15 ppm or less). SSI (sodium sulfide, hydrosulfide solutions, H₂S greater than 15 ppm but less than 200 ppm).

SECTION 15 – REGULATORY INFORMATION

15.1 OSHA: This product is listed as a hazardous material under criteria of the Federal OSHA Hazard Communication Standard, 29 CFR 1910.1200.

15.2 SARA TITLE III. a. EHS (Extremely Hazardous Substance) List:

b. Sections 311 and 312 (Tier I, II) Categories:

Immediate (acute)	Yes
Fire	No
Sudden Release	No
Reactivity	Yes
Delayed (chronic)	No

c. Section 313 (Toxic Release Report-Form R): No

d. TPQ (Threshold Planning Quantity): No

15.3 CERCLA and SUPERFUND: RQ (Reportable Quantity) 1,000 lbs

15.4 TSCA (Toxic Substance Control Act) Inventory List: Yes

15.5 RCRA (Resource Conservation and Recovery Act) Status: Yes

15.6 WHMIS (Canada) Hazard Classification: E, D1

15.7 DOT HAZARDOUS MATERIAL: (See Section 14) Yes

15.8 CAA HAZARDOUS AIR POLLUTANT (HAP): No

SECTION 16 – OTHER INFORMATION

REVISIONS: The entire MSDS was reformatted to comply to ANSI Standard Z400.1-1993.

THE INFORMATION PUBLISHED IN THIS MATERIAL SAFETY DATA SHEET HAS BEEN COMPILED FROM OUR EXPERIENCE AND OSHA, ANSI, NFPA, DOT, ERG AND CHRIS. IT IS THE USER'S RESPONSIBILITY TO DETERMINE THE SUITABILITY OF THIS INFORMATION FOR THE ADOPTION OF NECESSARY SAFETY PRECAUTIONS. WE RESERVE THE RIGHT TO REVISE THE MATERIAL SAFETY DATA SHEET PERIODICALLY AS NEW INFORMATION BECOMES AVAILABLE.
--

**Port Arthur Facility
Operational Review**

NASH PRODUCTION

Buddy Garcia, *Chairman*
Larry R. Soward, *Commissioner*
Bryan W. Shaw, Ph.D., *Commissioner*
Mark R. Vickery, P.G., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

October 23, 2008

MR MATT BOWMAN
PRESIDENT
CES ENVIRONMENTAL SERVICES INC
4904 GRIGGS RD
HOUSTON TX 77021-3208

Permit by Rule Registration Number:	86173
Location/City/County:	2420 Gulfway Dr, Port Arthur, Jefferson County
Project Description/Unit:	Port Arthur Deep Water Facility
Regulated Entity Number:	RN105156111
Customer Reference Number:	CN600618946
New or Existing Site:	New
Affected Permit (if applicable):	None
Renewal Date (if applicable):	None

CES Environmental Services, Inc., has certified the emissions associated with sodium hydrosulfide production at the Port Arthur Deep Water Facility under Title 30 Texas Administrative Code §§ 106.261, 106.262, 106.472, 106.475, and 106.492.

For rule information see www.tceq.state.tx.us/permitting/air/nav/numerical_index.html.

No planned MSS emissions have been represented or reviewed for this registration and none will be authorized by this registration. The company is also reminded that these facilities may be subject to and must comply with other state and federal air quality requirements.

All analytical data generated by a mobile or stationary laboratory to support the compliance with an air permit must be obtained from a NELAC (National Environmental Laboratory Accreditation Conference) accredited laboratory. For additional information regarding the laboratory accreditation program, please see the following website which includes the accreditation and exemption information:
http://www.tceq.state.tx.us/compliance/compliance_support/qa/env_lab_accreditation.html

This certification is taken under the authority delegated by the Executive Director of the TCEQ. If you have questions, please contact Mr. John Gott, P.E., at (512) 239-1238.

Sincerely,

A handwritten signature in black ink, appearing to read "Anne M. Inman".

Anne M. Inman, P.E., Manager
Rule Registrations Section
Air Permits Division

Certified Emissions:

VOCs	0.03	tpy
SO ₂	0.23	tpy
CO	6.65	tpy
NO _x	3.33	tpy
PM ₁₀	0.02	tpy

cc: Mr. Philip Evans, Director, The WCM Group, Inc., Humble ✓
Air Section Manager, Region 10 - Beaumont

Project Number: 140921



The WCM Group, Inc.

September 11, 2008

Air Permits Initial Review Team (APIRT), MC-161
Texas Commission on Environmental Quality
12100 Park 35 Circle, Building C, Third Floor
Austin, Texas 78753

LONE STAR
AIRBILL NUMBER
41016267

Reference: Registration of Permits-By-Rule
CN600618946
CES Environmental Services, Inc.
2420 South Gulfway Drive
Port Arthur, Jefferson County, Texas

Dear Sir or Madam:

On behalf of CES Environmental Services, Inc. (CES), please find enclosed documentation to authorize the production of sodium hydrosulfide under Permits-By-Rule §106.261, §106.262, §106.472, §106.475 and §106.492. A copy of the previously submitted Texas Commission on Environmental Quality CORE Data form is enclosed.

If you have questions regarding this registration, or require further information, please do not hesitate to contact Mr. Matt Bowman of CES at (713) 676-1460, or me directly at (281) 446-7070.

Sincerely,

Philip B. Evans
Director, Technical Services

PBE/tv
27159:5330015.let.doc

Enclosure

cc: M. Bowman
L. Vasse
B. Allen



The WCM Group, Inc.

September 11, 2008

Mr. John Racanelli
Revenue Section (MC-214)
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
12100 Park 35 Circle, Building F, Room 1206
Austin, Texas 78753

LONE STAR
AIRBILL NUMBER
41016268

Reference: Registration of Permit-By-Rule
CN600618946
CES Environmental Services, Inc.
2420 South Gulfway Drive
Port Arthur, Jefferson County, Texas

Dear Mr. Racanelli:

On behalf of CES Environmental Services, Inc., please find enclosed a check in the amount of \$450 to cover the fee for the above referenced Permit-By-Rule (PBR) registration. A copy of the PI-7-CERT Form is also enclosed.

If you have questions regarding this registration, or require further information, please do not hesitate to contact Mr. Matt Bowman of CES at (713) 676-1460, or me directly at (281) 446-7070.

Sincerely,

Philip B. Evans
Director, Technical Services

PBE/tv
27159:5330015.let.doc

Enclosure

cc: M. Bowman
L. Vasse
B. Allen

**THE WCM GROUP INC.
PETTY CASH ACCOUNT**

P.O. BOX 3247
HUMBLE, TX 77347-3247



1416

DATE September 11, 2008

32-75/1110
787

PAY Four Hundred Fifty Dollars and no/100 ----- DOLLARS \$ 450.00

TO
THE
ORDER
OF

Texas Commission on Environmental Quality
12100 Park 35 Circle
Austin, TX 78753

**TWO SIGNATURES REQUIRED
NO CHECKS ALLOWED OVER \$5,000.00**

[Signature]
[Signature]

⑈001416⑈ (b) (6)

THE WCM GROUP INC.
PETTY CASH ACCOUNT
HUMBLE, TX 77347-3247

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW
IF NOT CORRECT, PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED

DATE	DESCRIPTION	AMOUNT
9/11/08	PBR Registration CES-PA-PBR	\$450.00

A2

EPAHO043000887

**PERMIT-BY-RULE AUTHORIZATION FOR
SODIUM HYDROSULFIDE PRODUCTION**

**Prepared for
CES ENVIRONMENTAL SERVICES, INC.
Port Arthur, Jefferson County, Texas**

**Prepared by
THE WCM GROUP, INC.
Humble, Texas**

September 2008

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INTRODUCTION

CES Environmental Services, Inc. (CES) intends to construct and operate equipment for use in the batch production of sodium hydrosulfide (NaSH) on a property located at 2420 Gulfway Drive south of Port Arthur in Jefferson County, Texas. CES is submitting the enclosed documentation to demonstrate Permit-By-Rule (PBR) authorization for the production equipment and associated emissions. Currently, there are no other active emission sources at the site.

The production process involves the initial oxidation and acidification of an aqueous feed stream composed of dissolved sodium salts and sulfurized isobutylene oil. The reaction overhead is then routed via closed system to a sodium hydroxide solution where it is further reacted to produce the sodium hydrosulfide (NaSH) solution. The product is loaded into tank trucks or isocontainers and shipped off-site. Operational details are found in the Process Description section of this registration.

The CES facility is located in the Beaumont/Port Arthur ozone nonattainment area and will be classified as a minor source for emissions of Volatile Organic Compound (VOC) and Nitrogen Oxides (NO_x). The emissions associated with this project are calculated as 1.14 tons per year of VOC and 3.33 tons per year of NO_x. Federal nonattainment and PSD program requirements do not apply.

A PI-7-CERT Form with Texas Commission on Environmental Quality (TCEQ) §106.4, §106.261, §106.262, §106.472, and §106.492 Checklists are provided in the Forms section of this report. Emission calculations are provided in Attachment A. The figures section provides an Area Map, Facility Site Plan, Process Flow Diagram, and Tornado Flare Schematic.

1.0 PROCESS DESCRIPTION

An aqueous feed stream composed of dissolved sodium salts (sodium sulfide, sodium hydrosulfide, sodium hydroxide, sodium carbonate) and sulfurized isobutylene is delivered to the facility in tank trucks or isocontainers. The feed is batch transferred from the shipping container into a closed 45,000-gallon mix reactor vessel (T1) using a tank-to-tank vapor exchange (vapor balance). The material may also be routed through a 14,000-gallon oil/water separator (T9) to remove residual oil as needed prior to processing. The mix reactor contents can also be circulated through the oil/water separator and back if required.

A 30% solution of hydrogen peroxide is transferred from a 7,000-gallon fixed roof tank (T2) to a smaller 500-gallon dilution vessel (T3) where it is diluted to a 10% solution. The dilute hydrogen peroxide is introduced into the mix reactor to oxidize the residual SIB oil. Sulfuric acid is then added from a 10,000-gallon fixed roof tank (T4) to react with the caustic sodium salts, maintaining the solution at pH 4. The reaction overhead flows from the mix vessel through a closed 6,000-gallon liquid collection (knock out) vessel (T6) and on to a second 6,000-gallon vessel (T7) containing a strong caustic solution (35% sodium hydroxide) for conversion to the sodium hydrosulfide (NaSH) product. The process vents to a caustic scrubber and then to a flare (FL1) to control any non-reacted sulfidic vapors. The caustic solution is supplied from a 8,000-gallon fixed roof tank (T-5). The aqueous sodium hydrosulfide product is transferred directly from the product collection tank (T7) into tank trucks or isocontainers and shipped off-site to the customer. Process wastewater solutions remaining in the mix reactor (T1) and collected in the overflow vessel (T6) are transferred to a 39,000-gallon wastewater tank (T8) for storage prior to off-site shipment. The wastewater is an aqueous solution of inorganic reaction salts.

The flare (FL1) is a three (3) inch diameter forty (40) foot tall air assisted smokeless gas flare equipped with supplemental fuel system and a continuously burning pilot. The pilot gas and supplemental fuel are propane supplied from a horizontal pressure storage vessel (T10). In addition to residual un-reacted overheads, the flare is used to control displacement losses from the oil/water separator vessel (T9) while the batch process is operating. When the batch process is not operated, collected oil is transferred to tank trucks or isocontainers for off-site shipment. Vapor balance is employed during this transfer to minimize emissions.

2.0 EMISSIONS SUMMARY

Emissions associated with the project include those generated from storage, processing, and transfer operations, as well as from potential fugitive equipment and piping component leaks. Displacement losses from material transfers are minimized using vapor balance. The reaction overhead composed of sulfidic compounds generated in the mix reactor (T1) flows through a closed vent system into the NaSH production vessel (T7) where it is converted to the product by reaction with caustic solution. There is no intermediate storage or handling of the overhead stream between the point of generation and the point of conversion. The only emissions are potential fugitive piping leaks. To account for the fugitive emissions of the sulfur containing reaction overhead, hydrogen sulfide is used as a worst-case representative compound. The vent from the NaSH production vessel is routed through an abatement train consisting of a caustic scrubber and flare to control any non-reacted sulfides. Based on sample results from pilot operations, the vent from the scrubber to the flare will contain less than 24 ppm of total sulfur compounds.

Fugitive emissions from potential leaks at valves, pumps, connections and other equipment associated with this project are calculated using the methods and emission factors specified in the TCEQ document "Air Permit Technical Guidance for Chemical Sources: Equipment Leak Fugitives". Reduction credit is taken for operations personnel monitoring the operations for leaks that can be detected by audible, visible or olfactory means.

Emission Summary

Pollutant	TPY
VOC	1.14
NO _x	3.33

3.0 PERMIT-BY-RULE APPLICABILITY

PROJECT CHEMICALS SUMMARY

CAS No.	Chemical	PBR
772-84-1	Hydrogen peroxide	106.262
68511-50-2	Sulfonated Isobutylene	106.261
1313-82-2	Sodium Sulfide	106.472
1310-73-2	Sodium Hydroxide	106.472
497-19-8	Sodium Carbonate	106.472
7664-93-9	Sulfuric Acid solution	106.472
16721-80-5	Sodium Hydrosulfide	106.472
8012-95-1	Oil	106.472

PROJECT EQUIPMENT SUMMARY

Status	FIN	Description	Project Use	PBR
new	T1	45,000-gal capacity horizontal tank	Mix Reactor Vessel	106.261/262
new	T2	7,000-gal capacity Horz Fixed Roof Tank	30% Hydrogen Peroxide storage	106.262
new	T3	550-gal capacity Vert Fixed Roof Tank	10% Hydrogen Peroxide storage	106.262
new	T4	10,000-gal capacity horizontal tank	Sulfuric Acid storage	106.472 (5)
new	T5	8,000-gal capacity horizontal tank	Sodium Hydroxide storage	106.472 (3)
new	T6	6,000-gal capacity Vert Fixed Roof Tank	Liquid Collection tank	106.262
new	T7	6,000-gal capacity Vert Fixed Roof Tank	Product Collection tank	106.262
new	T8	39,000-gal capacity horizontal tank	Wastewater storage	106.472 (3)
new	T9	Oil water separator	Oil separation and storage	106.472 (3)
new	TTL	Tank Truck/Isocontainer loading/unloading	Material loading/unloading	106.472
new	N/A	Caustic scrubber	Vent control	N/A
new	FL1	Flare	Vent control	106.492
new	T10	Horizontal Pressure Storage Tank	Propane (LPG) fuel storage	106.475



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TCEQ Use Only

TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided)		
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	4. Regulated Entity Reference Number (if issued)
CN		RN

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)		07/01/2008	
6. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check only one of the following:			
<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input checked="" type="checkbox"/> Owner & Operator	
<input type="checkbox"/> Occupational Licensee	<input type="checkbox"/> Responsible Party	<input type="checkbox"/> Voluntary Cleanup Applicant	<input type="checkbox"/> Other:
7. General Customer Information			
<input checked="" type="checkbox"/> New Customer	<input type="checkbox"/> Update to Customer Information	<input type="checkbox"/> Change in Regulated Entity Ownership	
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State)	<input type="checkbox"/> No Change**		
**If "No Change" and Section I is complete, skip to Section III – Regulated Entity Information.			
8. Type of Customer:			
<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship- D.B.A	
<input type="checkbox"/> City Government	<input type="checkbox"/> County Government	<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government
<input type="checkbox"/> Other Government	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other:
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John)		If new Customer, enter previous Customer below	
CES Environmental Services, Inc. (Port Arthur)		End Date:	
10. Mailing Address:			
2420 South Gulfway Drive			
City	Port Arthur	State	TX
ZIP	77641	ZIP + 4	
11. Country Mailing Information (if outside USA)		12. E-Mail Address (if applicable)	
		pthangudw@cesenvironmental.com	
13. Telephone Number		14. Extension or Code	
(281) 433-9792			
15. Fax Number (if applicable)			
(713) 676-1676			
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)	
760592985		17605929854	
18. DUNS Number (if applicable)		19. TX SOS Filing Number (if applicable)	
001736581			
20. Number of Employees		21. Independently Owned and Operated?	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION III: Regulated Entity Information

22. General Regulated Entity Information (If "New Regulated Entity" is selected below this form should be accompanied by a permit application)			
<input checked="" type="checkbox"/> New Regulated Entity	<input type="checkbox"/> Update to Regulated Entity Name	<input type="checkbox"/> Update to Regulated Entity Information	<input type="checkbox"/> No Change** (See below)
**If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.			
23. Regulated Entity Name (name of the site where the regulated action is taking place)			
CES Environmental Services, Inc. (Port Arthur)			

COPY

24. Street Address of the Regulated Entity: (No P.O. Boxes)	2420 South Gulfway Drive						
	City	Port Arthur	State	TX	ZIP	77641	ZIP + 4
25. Mailing Address:	2420 South Gulfway Drive						
	City	Port Arthur	State	TX	ZIP	77641	ZIP + 4
26. E-Mail Address:	pthangudu@cesenvironmental.com						
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)				
(281) 433-9792			(713) 676-1676				
30. Primary SIC Code (4 digits)	31. Secondary SIC Code (4 digits)	32. Primary NAICS Code (5 or 6 digits)		33. Secondary NAICS Code (5 or 6 digits)			
2819	2992	325188		324191			
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)							
Chemical manufacturing							

Questions 34 - 37 address geographic location. Please refer to the instructions for applicability.

35. Description to Physical Location:	N/A - Street Address (see #24)				
36. Nearest City	County	State	Nearest ZIP Code		
Port Arthur	Jefferson	TX	77641		
37. Latitude (N) In Decimal:	38. Longitude (W) In Decimal:				
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
29	49	47.71	93	57	48.15

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form or the updates may not be made. If your Program is not listed, check other and write it in. See the Core Data Form instructions for additional guidance.

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Industrial Hazardous Waste	<input type="checkbox"/> Municipal Solid Waste
<input type="checkbox"/> New Source Review - Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS	<input type="checkbox"/> Sludge
<input type="checkbox"/> Stormwater	<input type="checkbox"/> Title V - Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Utilities
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input checked="" type="checkbox"/> Other: Industrial Solid Waste

SECTION IV: Preparer Information

40. Name:	Prabhakar R. Thangudu	41. Title:	ASE Manager
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(281) 433-9792		(713) 676 1676	pthangudu@cesenvironmental.com

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 9 and/or as required for the updates to the ID numbers identified in field 39.

(See the Core Data Form instructions for more information on who should sign this form.)

Company:	CES Port Arthur	Job Title:	ASE Manager
Name (in Print):	Prabhakar R. Thangudu	Phone:	(281) 433-9792
Signature:	Prabhakar R. Thangudu	Date:	8-12-2008

ATTACHMENT A
EMISSION CALCULATIONS

CES ENVIRONMENTAL SERVICES, INC. - PORT ARTHUR
SUMMARY OF EMISSIONS AND PBR APPLICABILITY DOCUMENTATION

PBR 106.472

Chemical	Storage		Fugitives		Total		
	lb/hr	TPY	lb/hr	TPY	lb/hr	TPY	
Sodium Sulfide	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	
Sodium Hydroxide	0.0129	0.0619	0.0000	0.0000	0.0129	0.0619	
Sodium Carbonate	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	
Sulfuric Acid	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	
Sodium Hydrosulfide	0.0002	0.1120	0.0000	0.0000	0.0002	0.1120	
Salts	1.0885	0.4084	0.0000	0.0000	1.0885	0.4084	
Oil	0.0002	0.0351	0.0000	0.0000	0.0002	0.0351	
					1.1016	0.5823	non-VOC
					0.0304	1.1368	VOC

PBR 106.492 Flare Combustion

NOX		0.7606	3.3316	NOx
CO		0.0255	6.6511	CO
SO2		0.0535	0.2344	SO2

PBR 106.261 / 106.262

Chemical	Storage		Fugitives		Total	
	lb/hr	TPY	lb/hr	TPY	lb/hr	TPY
SIB Oil	0.0248	1.0781	0.0054	0.0237	0.0302	1.1017
Hydroxide Peroxide	0.0032	0.8396	0.0011	0.0046	0.0042	0.8442
Hydrogen Sulfide	N/A	N/A	0.0053	0.0234	0.0053	0.0234

3.1134	14.5229	TOTAL
0.0304	1.1368	VOC

PBR Compliance

Chemical	Applicable PBR	TLV mg/m^3	PBR Allowable		PBR Compliance	
			lb/hr	TPY	lb/hr	TPY
SIB Oil	106.261	0	1.0000	10.0	YES	YES
Hydrogen peroxide	106.262	1.4	0.008	5.0	YES	YES
Hydrogen sulfide	106.262	1.1	0.0065	5.0	YES	YES

PBR Allowables:	<u>lb/hr</u>	<u>ton/yr</u>
106.261	1.0	10.0
106.262	E=L/K	5.0

L = TLV (mg/m^3)

K = 169 ,receptor distance = 250 ft

CES ENVIRONMENTAL SERVICES, INC. - PORT ARTHUR
TANK EMISSION CALCULATIONS

	Tank ID: chemical	T1 SIB Oil	T1 Sulfidic caustic	T2 30% Hydroxide Peroxide	T3 10% Hydroxide Peroxide	T4	T5 Sodium Hydroxide	T6 Sodium Hydrosulfide	T7 Sodium Hydrosulfide	T8 Salts Wastewater	T9 Oil Separator
Annual Throughput, gal/yr	Material: Q =	Mix Tank 13,000,000	Mix Tank 13,000,000	1,560,000	7,800,000	1,040,000	1,040,000	2,340,000	2,340,000	5,200,000	364,000
Max Hourly Transfer Rate, gal/hr	FR =	4,000	4,000	6,000	500	60	60	60	60	4,000	60
Emissions:											
Maximum Hourly Emissions, lb/hr	Lmax =	0.02480	0.02308	0.00000	0.00318	0.00000	0.01295	0.00011	0.00011	1.08849	0.00023
Total Annual Emissions, TPY	Lt =	1.07806	1.00331	0.15808	0.68148	0.00001	0.06187	0.05600	0.05600	0.40844	0.03510
Annual Average Hourly Emis, lb/hr	Lavg =	0.246	0.229	0.036	0.156	0.000	0.01412	0.013	0.013	0.093	0.008
Standing loss, lb/yr	Ls =	7.334	6.576	17.972	1.088	0.001	3.134	2.167	2.167	62.313	0.000
Working loss, lb/yr	Lw =	2148.790	2000.053	298.195	1361.893	0.011	120.597	109.824	109.824	754.559	70.198
Material Properties:											
Molecular Weight, lb/lb-mole	Mv =	18.00	18.00	20.80	18.83	98.07	15.26	18.00	18.00	18.00	150.00
Vapor Pressure @ T1a, psia	Pva =	0.39	0.36	0.39	0.39	0.00	0.32	0.11	0.11	0.34	0.05
Vapor Pressure @ T1n, psia	Pvn =	0.33	0.30	0.32	0.33	0.00	0.27	0.09	0.09	0.29	0.04
Vapor Pressure @ T1x, psia	Pvx =	0.46	0.42	0.46	0.46	0.00	0.38	0.13	0.13	0.40	0.07
Max. Vapor Pressure @ mT1x, psia	Pvmax =	0.72	0.67	0.65	0.71	0.00	0.59	0.21	0.21	0.63	0.11
Tank Properties:											
Vapor control device		scrubber	scrubber	vapor balance	scrubber	none	none	scrubber	scrubber	none	flare
Vapor control efficiency, %	e =	98	98	100	98	0	0	98	98	0	99
Capacity volume, gal	Cv =	47,966	47,966	8,812	547	13,535	15,039	6,016	6,016	41,123	14,099
Shell Diameter, ft	D =	10.8	10.8	10.0	4.5	8.0	8.0	8.0	8.0	10.0	10.0
Shell Height/Length, ft	Hs =	70.0	70.0	15.0	4.6	36.0	40.0	16.0	16.0	70.0	24.0
Tank Orientation (vertical or horizontal)		vert	vert	horiz	horiz	horiz	horiz	vert	vert	horiz	vert
Roof type (cone or dome)		cone	cone	N/A	N/A	N/A	N/A	cone	cone	N/A	cone
Tank Color (white, light gray, other)		white	white	white	white	white	white	white	white	white	white
Solor absorbance factor	a =	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17
Pressure vent setting, psig	Pbp =	0.3	0.3	0	0	0	0.3	0	0	0	0
Vacuum vent setting, psia	Pbv =	-0.3	-0.3	0	0	0	-0.3	0	0	0	0
Effective diameter, ft	De =	10.8	10.8	13.8	5.1	19.2	20.2	8.0	8.0	29.9	10.0
Avg. Liquid Height, ft	HI =	35.0	35.0	5.0	2.3	4.0	4.0	8.0	8.0	5.0	12.0
Max. Liquid Height, ft	Hlx =	70.0	70.0	10.0	4.5	8.0	8.0	16.0	16.0	10.0	24.0
Roof Outage, ft	Hro =	0.00	0.00	0.00	0.00	0.00	0.00	0.08	0.08	0.00	0.10
Vapor Space Outage, ft	Hvo =	35.00	35.00	5.00	2.25	4.00	4.00	8.08	8.08	5.00	12.10
Vapor space volume, ft³	Vv =	3206.31	3206.31	750.38	46.60	1152.58	1280.65	406.31	406.31	3501.78	950.66

EPAAHO043000900

Operating Conditions (Houston, Tx):											
Atmospheric pressure, psia	Pa =	14.7	14.7	14.7	14.7	14.7	14.7	14.7	14.7	14.7	14.7
Annual Avg. Daily solar insolation factor, Btu/ft ² day	I =	1351	1351	1351	1351	1351	1351	1351	1351	1351	1351
Annual Avg. Daily max. ambient temp, R	Tax =	539.1	539.1	539.1	539.1	539.1	539.1	539.1	539.1	539.1	539.1
Annual Avg. Daily min. ambient temp, R	Tan =	517.4	517.4	517.4	517.4	517.4	517.4	517.4	517.4	517.4	517.4
Annual Avg. Daily vapor temp. range, R	^Tv =	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1
Annual Daily avg. liquid surface temp, R	Tla =	530.1	530.1	530.1	530.1	530.1	520.0	530.1	530.1	530.1	530.1
Annual Avg. Daily min. liquid surface temp., R	Tln =	524.6	524.6	524.6	524.6	524.6	515.0	524.6	524.6	524.6	524.6
Annual Avg. Daily max. liquid surface temp., R	Tlx =	535.6	535.6	535.6	535.6	535.6	525.0	535.6	535.6	535.6	535.6
Highest Month Daily solar insolation factor, Btu/ft ² day	mi =	1898	1898	1898	1898	1898	1898	1898	1898	1898	1898
Highest Month Daily max. ambient temp, R	mTax =	553.6	553.6	553.6	553.6	553.6	553.6	553.6	553.6	553.6	553.6
Highest Month Daily min. ambient temp, R	mTan =	532.5	532.5	532.5	532.5	532.5	532.5	532.5	532.5	532.5	532.5
Highest Month Daily vapor temp. range, R	m^Tv =	24.2	24.2	24.2	24.2	24.2	24.2	24.2	24.2	24.2	24.2
Highest Month Daily max. liquid surface temp., R	mTlx =	551.7	551.7	551.7	551.7	551.7	525.0	551.7	551.7	551.7	551.7
Gas Constant, psia-ft ³ /lb mole-R	R =	10.73	10.73	10.73	10.73	10.73	10.73	10.73	10.73	10.73	10.73
Vapor Density, lb/ft ³	Wv =	0.001	0.001	0.001	0.001	0.000	0.001	0.000	0.000	0.001	0.001
Daily vapor pressure range, psia	^Pv =	0.131	0.121	0.138	0.134	0.000	0.108	0.037	0.037	0.115	0.020
Vapor space expansion factor	Ke =	0.009	0.008	0.051	0.051	0.042	0.008	0.044	0.044	0.050	0.043
Vented vapor saturation factor	Ks =	0.583	0.600	0.907	0.956	1.000	0.937	0.955	0.955	0.918	0.967
Working Loss Product Factor	Kp =	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Turnovers	N =	271.02	271.02	177.03	14253.46	76.84	69.15	388.98	388.98	126.45	25.82
Turnover factor	Kn =	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Operating Days, days/yr	Days =	365	365	365	365	365	365	365	365	365	365

CES ENVIRONMENTAL SERVICES, INC. - PORT ARTHUR
FUGITIVE EMISSION ESTIMATES

MATERIAL	FIN	VP (psia)	Liquid wt frac.	Stream Type LL,HL,G/V	Valves	lbs/hr	Flanges	lbs/hr	Gas/Vapor		Pumps	lbs/hr	Relief Valves		Total lb/hr	EMISSIONS	
									Valves	lbs/hr			Valves	lbs/hr		(lb/hr)	(ton/yr)
SIB oil	T1	0.20537	1.0000	LL	20	0.0021	40	0.0006	0	0	1	0.002702	0	0	0.0054	0.0054	0.0237
Hydrogen peroxide 30%	T2	0.65214	0.3000	LL	8	0.00084	16	0.00024	0	0	1	0.002702	1	0.006879	0.0032	0.0010	0.0042
Hydrogen peroxide 10%	T3	0.70865	0.1000	LL	3	0.000315	8	0.00012	0	0	1	0.002702	1	0.006879	0.0010	0.0001	0.0004
Hydrogen sulfide	process gas		1.0000	G/V	0	0	0	0	20	0.00534	0	0	0	0	0.0053	0.0053	0.0234
																0.0118	0.0517

Speciation	Total	
	lb/hr	TPY
SIB oil	0.0054	0.0237
Hydrogen peroxide	0.0011	0.0046
Hydrogen sulfide	0.0053	0.0234
Total	0.0065	0.0283

Monitoring is performed in accordance with TCEQ AVO.

SOCMI Factors	Valves	Flanges	GA/V/V	GA/Flg	Pumps	Relief/V	Agitator
Light Liquid (LL)	0.0035	0.0005	--	--	0.0386	--	0.0005
Gas / Vapor (G/V)	--	--	0.0089	0.0029	--	0.2293	--
Heavy Liquid (HL)	0.0007	0.00007	--	--	0.0161	--	0.00007
LL,G/V - Efficiency (%)	97	97	97	97	93	97	97
HL - Efficiency (%)	0	0	30	30	0	0	0

* Per TCEQ guidance, fugitive emissions are not estimated for materials with vapor pressure < 0.002 psia.

CES ENVIRONMENTAL SERVICES, INC. - PORT ARTHUR **Flare Combustion Calculation**

Flare design data 224.7 scf /min
Vent gas composition 24 ppm sulfur compounds to flare

Calculation Basis: IDEAL GAS LAW, $PV = nRT$

where: P = pressure (psia)
V = volumetric flow rate (scf /min)
R = Universal Gas Constant
T = Temperature
n = no. of moles of gas

Vent gas sulfur compound portion is 24 ppm

then, $n = PV / RT * 60 * 24 / 10^6$

0.00084 lb mole sulfur / hr

Flare combustion will convert the sulfur compounds in the vent stream to SO₂.

To convert to SO₂, 1 lb mole SO₂ is 64 lb

0.0535 lb/hr SO₂

0.23 TPY SO₂

data

14.7 psia

224.7 scf /min

10.73 psia scf / lb mole R

530.1 R

COMBUSTION

	vent gas	pilot gas	supplemental gas
heat	0	2315.9	2315.9 Btu/scf
flow	13482	20	2360 scfh
rate	118,102,320	175,200	20,673,600 scf/year

	Factor lb/MMBtu	NOx TPY	NOx lb/hr	Factor lb/MMBtu	CO TPY	CO lb/hr
Vent Gas	0.1380	0.000	0.000	0.2755	0.000	0.000
Pilot Gas	0.1380	0.028	0.006	0.2755	0.056	0.013
Supplemental Gas	0.1380	3.304	0.754	0.2755	6.595	0.013
Total	N/A	3.332	0.761	N/A	6.651	0.026

Flare Destruction/Removal Efficiency and Emission Factors are based on TCEQ Technical Guidance for Chemical Sources: Flares and Vapor Oxidizers: RG-109 October 2000 for high Btu non-steam assisted flares.

Pilot Gas Sample calculation:

NOx ton/yr: $(2,316 \text{ Btu/lb}) * (175,200 \text{ lb/MMBtu}) / 1000000 * (0.1380 \text{ lb/yr}) / 2000 = 0.028 \text{ tpy}$

NOx lb/hr: $(2,316 \text{ Btu/lb}) * (20 \text{ lb/MMBtu}) / 1000000 * (0.1380 \text{ lb/yr}) = 0.006 \text{ lb/hr}$

³TCEQ Technical Flare Guidance states in Table 4 Flare Factors - PM emission factor is none.

TCEQ FORMS AND TABLES



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

I. REGISTRANT INFORMATION			
A. TCEQ Customer Reference Number: CN-600618946		TCEQ Regulated Entity Number:	
<i>Note: If "NO," CN or RN number was entered above; please fill out the required Core Data Form, which will be available in Step II of the submittal process.</i>			
B. Company or Other Legal Customer Name: CES Environmental Services Inc.			
Company Official Contact Name: Matt Bowman		Title: President	
Mailing Address: 4904 Griggs Road			
City: Houston		State: TX	Zip Code: 77021
Phone No.: (713) 676-1460	Fax No.: (713) 676-1676	E-mail Address: mbowman@cesenvironmental.com	
C. Technical Contact Name: Philip Evans			
Company: The WCM Group, Inc.			
Mailing Address: 110 Bender Ave			
City: Humble		State: TX	Zip Code: 77336
Phone No.: (281) 446-7070	Fax No.: (281) 446-3348	E-mail Address: pevans@wcmgroup.com	
D. Facility Location Information - Street Address: 2420 S. Gulfway Drive			
<i>If "NO," street address, provide written driving directions to the site: (attach description if additional space is needed)</i>			
City: Port Arthur		County: Jefferson	Zip Code: 77641
II. FACILITY AND SITE INFORMATION			
A. Name and Type of Facility: CES Environmental Services Inc.			<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Portable
B. PBR claimed under 30 TAC § 106 (List all):			
§ 106.261		§ 106.475	
§ 106.262		§ 106.492	
§ 106.472		§ 106.	
Are you claiming a historical standard exemption or PBR ?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>If "YES," enter effective date and Rule Number:</i>			
C. Are you registering a grandfathered facility? <i>If "YES," attach documentation of construction date:</i>			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
D. Is there a previous Standard Exemption or PBR for the facility in this registration? (Attach details regarding changes)			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>If "YES," enter Registration Number and Rule Number:</i>			261/262
E. Are there any other facilities at this site which are authorized by an Air Standard Exemption or PBR ?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>If "YES," enter Registration Number and Rule Number:</i>			
F. Are there any other air preconstruction permits at this site?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>If "YES," enter Permit Numbers:</i>			
G. Is this site required to obtain an air federal operating permit ?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>If "YES," enter Permit Number:</i>			
H. TCEQ Account Identification Number (if known):			



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

III. FEE INFORMATION

To determine if a fee is required answer the following question. If "YES," to question III. A., a fee is not required, skip to Section IV. If "NO," to answer II. A., then go to Section III. B. See Section VI. for address to send fee or go to www.2.tceq.state.tx.us/epay to pay online.

A. Is this registration an update to a previously registered facility and accompanied by a Certification Form solely to establish a federally enforceable emission limit? ☐ YES ☒ NO

B. What is the fee amount? If "YES," to any of the following three questions, a \$100 fee is required. Otherwise, a \$450 fee is required.

Does this business have less than 100 employees? ☐ YES ☒ NO

Does this business have less than 1 million dollars in annual gross receipts? ☐ YES ☒ NO

Is this registration submitted by a governmental entity with a population of less than 10,000? ☐ YES ☒ NO

C. Check/Money Order or Transaction Number (Payable to TCEQ): Was fee Paid online? ☐ YES ☒ NO

Company name of check: The WCM Group, Inc. Fee amount: \$450

IV. SELECTED FACILITY REVIEWS ONLY—TECHNICAL INFORMATION

Note: If claiming one of the following PBRs, complete this section, then skip to Section VI., "Submitting your registration" below:

Animal Feeding Operations § 106.161

Livestock Auction Facilities § 106.162

Saw Mills § 106.223

Grain Handling, Storage and Drying § 106.283 Auto Body Refinishing Facilities § 106.436 Air Curtain Incinerator § 106.496

A. Is the applicable PBR checklist attached which shows the facility meets all general and specific requirements of the PBR(s) being claimed? (If submitting electronically, click "YES".) ☐ YES ☒ NO

B. Distance from this facility's emission release point to the nearest property line: feet

Distance from this facility's emission release point to the nearest off-property structure: feet

V. TECHNICAL INFORMATION INCLUDING STATE AND FEDERAL REGULATORY REQUIREMENTS

Registrants must be in compliance with all applicable state and federal regulations and standards to claim a PBR.

A. Is Confidential information submitted and properly marked "CONFIDENTIAL" with this registration? ☐ YES ☒ NO

B. Is a process flow diagram or a process description attached? ☒ YES ☐ NO

C. Are emissions data and calculations for this claim attached? ☒ YES ☐ NO

D. Is information attached showing how the general requirements (30 TAC § 106.4) of the PBR is met for this Registration? (PBR checklists may be used, but are optional) ☒ YES ☐ NO

Note: Please be reminded that if the facilities listed in this registration are subject to the Mass Emissions Cap & Trade program under 30 TAC Chapter 101, Subchapter H, Division 3, the owner/operator of these facilities must possess NO_x allowances equivalent to the actual NO_x emissions from these facilities.

E. Is information attached showing how the specific PBR requirements are met for this registration? (PBR checklist may be used, but are optional) ☒ YES ☐ NO

F. Distance from this facility's emission release point to the nearest property line: 200 feet

Distance from this facility's emission release point to the nearest off-property structure: 250 feet

Note: In limited cases, a map or drawing of the site and surrounding land use may be requested during the technical review or at the request of the TCEQ Regional Office or local air pollution control program during an investigation.



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

VI. SIGNATURE FOR CERTIFICATION AND REGISTRATION

The signature below indicates that the Responsible Official has knowledge of the facts herein set forth and that the same are true, accurate, and complete to the best of my knowledge and belief. By this signature, the maximum emission rates listed on this certification reflect the maximum anticipated emissions due to the operation of this facility and all representations in this certification of emissions are conditions upon which the facilities and sources will operate. It is understood that it is unlawful to vary from these representations unless the certification is first revised. The signature certifies that to the best of the Responsible Official's knowledge and belief, the project will satisfy the conditions and limitations of the indicated exemption or permit by rule and the facility will operate in compliance with all regulations of the Texas Commission on Environmental Quality and with Federal U.S. Environmental Protection Agency regulations governing air pollution. The signature below certifies that, based on information and belief formed after reasonable inquiry, the statements and information above and contained in the attached document(s) are true, accurate, and complete. **If you questions on how to fill out this form or about air quality permits. Please call 512/239-1250. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, call 512/239-3284.**

SIGNATURE: 

DATE: 9/10/08

VII. SUBMITTING COPIES OF THE CERTIFICATION AND REGISTRATION

Copies must be sent as listed below:

Processing delays may occur if copies are not sent as noted.

Who	Where	What
Air Permits Initial Review Team (APIRT)	Regular, Certified, Priority Mail MC161, P.O. Box 13087 Austin, Texas 78711-3087 Hand Delivery, Overnight Mail MC 161, 12100 Park 35 Circle, Building C, Third Floor Austin, Texas 78753 Fax No.: (512) 239-2123 (do not follow fax with paper copies)	Originals Form PI-7, Core Data Form, and all attachments
Revenue Section, TCEQ	Regular, Certified, Priority Mail MC 214, P.O. Box 13088 Austin, Texas 78711-3088 Hand Delivery, Overnight Mail MC 214, 12100 Park 35 Circle, Building A, Third Floor Austin, Texas 78753	Original Money Order or Check Copy of Form PI-7 and Core Data Form
Appropriate TCEQ Regional Office	To find your Regional Office address, go to the TCEQ Web site at www.tceq.state.tx.us , or call (512) 239-1250.	Copy of Form PI-7, Core Data Form, and all attachments.
Appropriate Local Air Pollution Control Program(s)	To Find your local or Regional Air Pollution Control Programs go to the TCEQ, APD Website at www.tceq.state.tx.us/nav/permits/air_permits.html or call (512) 239-1250	Copy of Form PI-7, Core Data Form, and all attachments.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
AIR PERMITS DIVISION

TITLE 30 TAC § 106.4 "QUICK-CHECK" APPLICABILITY CHECKLIST

Company Name: CES Environmental Services, Inc.
Checklist completed by: The WCM Group, Inc. Date: September 2008
Facility Type: Chemical production
Permit(s) by rule claimed: 30 TAC Chapter § 106: 261, 262, 472, 475, 492
Project Description (including equipment, materials, and brief process description):

This project installs a four storage tanks, a mix vessel with an overflow vessel and a product hold tank. The production operation also includes an oil/water separator, scrubber and flare. Aqueous feed stream is treated with hydrogen peroxide and then reacted with sulfuric acid to generate reaction gases that are bubbled through a caustic solution to produce sodium hydrosulfide. The process vents to a scrubber and then to a flare for odor abatement.

CO	6.65	NO _x	3.33	VOC	1.14
PM	0.00	SO ₂	0.00	Other	0.00

The following questions require a "Yes" or "No" answer to be indicated for this permit by rule claim:

A. Title 30 TAC § 106.4(a)(5): Current Permit by Rule Requirements

Yes ☒ No ☐ Have you checked to determine if this exempt project is being claimed under the current version of 30 TAC 106?
If "Yes", continue to next question. If "No", please contact the Air Permits Division for a copy of the current permit by rule to be claimed.

B. Title 30 TAC § 106.4(a)(7): Permit by rule prohibition check

Yes ☐ No ☒ Are there any air permits under the same account containing permit conditions which prohibit or restrict the use of permits by rule?
If "No", continue to next question
If "Yes", permits by rule may not be used or their use must meet the restrictions of the permit.
A new permit or permit amendment may be required.
List permit number(s): _____

C. Title 30 TAC § 106.4(b): Circumvention check

Title 30TAC§ 106.4(b) states "No person shall circumvent by artificial limitations the requirements of§1 16.110 of this title (covering permitting)." Circumvention by artificial limitations may include but is not limited to:

- A. dividing a complete project into separate segments to circumvent §106.4(a)(1) limits;*
- B. claiming feed or production rates below the physical capacity of the project's equipment in order to begin constructing facilities before a permit or permit amendment is approved for full scale operations, particularly when the unit will not be economically viable at less than permitted capacity;*
- C. claiming a limited chemical list in order to begin constructing facilities before a permit or permit amendment is approved for additional chemicals, particularly when the unit will not be economically viable until the additional chemicals are authorized.*

Yes ☐ No ☒ Does your project meet any of the criteria listed above?
If "No", continue to next rule question. If "Yes", a permit by rule may not be claimed.

D. Title 30 TAC § 106.4(c) and (d): Compliance with all Rules

Yes ☒ No ☐ Will the facility comply with all rules and regulations of the TCEQ, the intent of the Texas Clean Air Act, and any local permitting or registration requirements? *If "Yes", continue to next rule question. If "No", a permit by rule may not be claimed.*

E. Title 30 TAC § 106.4(a)(1): Emission limits check

Yes ☒ No ☐ The maximum emissions from all facilities at the site, including this permit by rule claim, are less than 25 tpy of any contaminant.
If the answer to this questions is "Yes", no further review is needed to complete this checklist. Forward all information needed to verify your permit by rule claim to the . If "No", this checklist cannot be used. Please complete the standard 30 TAC § 106.4 Applicability Checklist.



Title 30 Texas Administrative Code § 106.261 **Permit By Rule (PBR) Checklist** **Facilities (Emission Limitations)**

Electronic Submittal - Only enter the PI-7 confirmation number here
Hard-Copy Submittal - Print and complete the following checklist.

if submitting electronically.

The following checklist is designed to help you confirm that you meet Title 30 Texas Administrative Code § 106.261 (30 TAC § 106.261) requirements. If you do not meet all the requirements, you may alter the project design or operation in such a way that all the requirements of the PBR are met or you may obtain a construction permit. The PBR forms, tables, checklists and guidance documents are available from the Texas Commission on Environmental Quality (TCEQ), Air Permits Division Web site at, www.tceq.state.tx.us/nav/permits/air_permits.html.

CHECK THE MOST APPROPRIATE ANSWER																																																			
Is a description or checklist of how this claim meets the general requirements for the use of PBRs in 30 TAC § 106.4 attached?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
b1	Is this claim for construction of a facility authorized in another section of this chapter or for which a standard permit is in effect? <i>If "YES," this PBR cannot be used to authorize emissions from the project</i>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A																																																
b2	Is this claim for any change to any facility authorized under another section of this chapter or authorized under a standard permit? <i>If "YES," this PBR cannot be used to authorize emissions from the project</i>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A																																																
a1	Are facilities or changes located at least 100 feet from any recreational area or residence or other structure not occupied or used solely by the owner or operator of the facilities or the owner of the property upon which the facilities are located?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
a2	Are total new or increased emissions, including fugitives, less than or equal to 6.0 pounds per hour (lb/hr) and ten tons per year of the following materials (check all that apply):		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A																																																
<table border="0"> <tr> <td><input type="checkbox"/> acetylene</td> <td><input type="checkbox"/> helium</td> <td><input type="checkbox"/> propyl ether</td> <td><input type="checkbox"/> limestone</td> </tr> <tr> <td><input type="checkbox"/> argon</td> <td><input type="checkbox"/> isohexane</td> <td><input type="checkbox"/> sulfur dioxide</td> <td><input type="checkbox"/> magnesite</td> </tr> <tr> <td><input type="checkbox"/> butane</td> <td><input type="checkbox"/> isopropyl alcohol</td> <td><input type="checkbox"/> alumina</td> <td><input type="checkbox"/> marble</td> </tr> <tr> <td><input type="checkbox"/> crude oil</td> <td><input type="checkbox"/> methyl acetylene</td> <td><input type="checkbox"/> calcium carbonate</td> <td><input type="checkbox"/> pentaerythritol</td> </tr> <tr> <td><input type="checkbox"/> carbon monoxide</td> <td><input type="checkbox"/> methyl chloroform</td> <td><input type="checkbox"/> calcium silicate</td> <td><input type="checkbox"/> plaster of paris</td> </tr> <tr> <td><input type="checkbox"/> cyclohexane</td> <td><input type="checkbox"/> methyl cyclohexane</td> <td><input type="checkbox"/> cellulose fiber</td> <td><input type="checkbox"/> silicon</td> </tr> <tr> <td><input type="checkbox"/> cyclohexene</td> <td><input type="checkbox"/> neon</td> <td><input type="checkbox"/> cement dust</td> <td><input type="checkbox"/> silicon carbide</td> </tr> <tr> <td><input type="checkbox"/> cyclopentan</td> <td><input type="checkbox"/> nonan</td> <td><input type="checkbox"/> emery dust</td> <td><input type="checkbox"/> starch</td> </tr> <tr> <td><input type="checkbox"/> ethyl acetate</td> <td><input type="checkbox"/> oxides of nitrogen</td> <td><input type="checkbox"/> glycerin mist</td> <td><input type="checkbox"/> sucrose</td> </tr> <tr> <td><input type="checkbox"/> ethanol</td> <td><input type="checkbox"/> propane</td> <td><input type="checkbox"/> gypsum</td> <td><input type="checkbox"/> zinc stearate</td> </tr> <tr> <td><input type="checkbox"/> ethyl ether</td> <td><input type="checkbox"/> propyl alcohol</td> <td><input type="checkbox"/> iron oxide dust</td> <td><input type="checkbox"/> zinc oxide</td> </tr> <tr> <td><input type="checkbox"/> ethylene</td> <td><input type="checkbox"/> propylene</td> <td><input type="checkbox"/> kaolin</td> <td></td> </tr> </table>				<input type="checkbox"/> acetylene	<input type="checkbox"/> helium	<input type="checkbox"/> propyl ether	<input type="checkbox"/> limestone	<input type="checkbox"/> argon	<input type="checkbox"/> isohexane	<input type="checkbox"/> sulfur dioxide	<input type="checkbox"/> magnesite	<input type="checkbox"/> butane	<input type="checkbox"/> isopropyl alcohol	<input type="checkbox"/> alumina	<input type="checkbox"/> marble	<input type="checkbox"/> crude oil	<input type="checkbox"/> methyl acetylene	<input type="checkbox"/> calcium carbonate	<input type="checkbox"/> pentaerythritol	<input type="checkbox"/> carbon monoxide	<input type="checkbox"/> methyl chloroform	<input type="checkbox"/> calcium silicate	<input type="checkbox"/> plaster of paris	<input type="checkbox"/> cyclohexane	<input type="checkbox"/> methyl cyclohexane	<input type="checkbox"/> cellulose fiber	<input type="checkbox"/> silicon	<input type="checkbox"/> cyclohexene	<input type="checkbox"/> neon	<input type="checkbox"/> cement dust	<input type="checkbox"/> silicon carbide	<input type="checkbox"/> cyclopentan	<input type="checkbox"/> nonan	<input type="checkbox"/> emery dust	<input type="checkbox"/> starch	<input type="checkbox"/> ethyl acetate	<input type="checkbox"/> oxides of nitrogen	<input type="checkbox"/> glycerin mist	<input type="checkbox"/> sucrose	<input type="checkbox"/> ethanol	<input type="checkbox"/> propane	<input type="checkbox"/> gypsum	<input type="checkbox"/> zinc stearate	<input type="checkbox"/> ethyl ether	<input type="checkbox"/> propyl alcohol	<input type="checkbox"/> iron oxide dust	<input type="checkbox"/> zinc oxide	<input type="checkbox"/> ethylene	<input type="checkbox"/> propylene	<input type="checkbox"/> kaolin	
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<input type="checkbox"/> ethylene	<input type="checkbox"/> propylene	<input type="checkbox"/> kaolin																																																	
<input type="checkbox"/> refinery petroleum fractions (except for pyrolysis naphthas and pyrolysis gasoline) containing less than ten volume percent benzene <input type="checkbox"/> fluorocarbons Numbers 11, 12, 13, 14, 21, 22, 23, 113, 114, 115, and 116																																																			
a3	Are total new or increased emissions, including fugitives, less than or equal to 1.0 lb/hr of any chemical having a limit value (L) greater than 200 milligrams per cubic meter (mg/m ³) as listed and referenced in Table 262 of 30 TAC § 106.262 of this title (relating to Facilities (Emission and Distance Limitations)? List chemical:_____ L value:_____		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A																																																

<p>Are total new or increased emissions, including fugitives, less than or equal to 1.0 lb/hr of any chemical not listed or referenced in Table 262? List chemical: <u>Sufonated Isobutylene</u></p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>
<p>Are total new or increased emissions, including fugitives, of a chemical with a limit value of less than 200 mg/m³? If "Yes", the authorization of the chemical is not allowed under this section. We suggest you use 30 TAC §106.262 to authorize the emissions, if applicable.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A</p>
<p>a4 Are there any changes to or additions of any existing air pollution abatement equipment?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A</p>
<p>a5 Will there be any visible emissions, except uncombined water, emitted to the atmosphere from any point or fugitive source in amounts greater than 5.0% opacity in any six-minute period?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A</p>
<p>a6 Are emission increases five tons per year or greater? If "YES," this checklist must be attached to a Form PI-7 within ten days following the installation or modification of the facilities. The notification shall include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any.</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A</p>
<p>a7 Are emission increases less than five tons per year? If "YES," this checklist must be attached to a Form PI-7 and include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any. (pick one):</p> <p><input checked="" type="checkbox"/> Within ten days following the installation or modification of the facilities. The notification shall include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any; or</p> <p><input type="checkbox"/> By March 31 of the following year summarizing all uses of this permit by rule in the previous calendar year.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>



Title 30 Texas Administrative Code § 106.262
Permit by Rule (PBR) Checklist
Facilities (Emission and Distance Limitations)

Electronic Submittal - Only enter the PI-7 confirmation number here if submitting electronically.

Hard-Copy Submittal - Print and complete the following checklist.

The following checklist is designed to help you confirm that you meet Title 30 Texas Administrative Code § 106.262 (30 TAC § 106.262) requirements. If you do not meet all the requirements, you may alter the project design or operation in such a way that all the requirements of the PBR are met or you may obtain a construction permit. The PBR forms, tables, checklists and guidance documents are available from the Texas Commission on Environmental Quality (TCEQ), Air Permits Division Web site at, www.tceq.state.tx.us/nav/permits/air_permits.html.

CHECK THE MOST APPROPRIATE ANSWER			
Is a description or checklist of how this claim meets the general requirements for the use of PBRs in 30 TAC § 106.4 attached?		X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
b1. Is this claim for construction of a facility authorized in another section of this chapter or for which a standard permit is in effect? <i>If "YES," this PBR cannot be used to authorize emissions from the project.</i>		<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A	
b2. Is this claim for any change to any facility authorized under another section of this chapter or authorized under a standard perm? <i>If "YES," this PBR cannot be used to authorize emissions from the project.</i>		<input type="checkbox"/> YES X NO <input type="checkbox"/> N/A	
c. Is the facility authorized under another section of this chapter or under a standard permit? <i>If "YES," subsection (a)(2) and (3) of this section may be used to qualify the use of other chemicals at the facility.</i>		X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
a1. Are facilities or changes located at least 100 feet from any recreational area or residence or other structure not occupied or used solely by the owner or operator of the facilities or the owner of the property upon which the facilities are located?		X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
a2. Are new or increased emissions, including fugitives, emitted in a quantity less than five tons per year or in a quantity less than E as determined by using the equation $E=L/K$? See Table 262 Figures 1 and 2. <i>If "YES," the notification shall include a description of the project, calculations for all emissions being claimed under this PBR:</i>		X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Chemical: <u>hydrogen peroxide</u> L value: <u>1.4</u> D: <u>250</u> K: <u>169</u> Chemical: <u>hydrogen sulfide</u> L value: <u>1.1</u> D: <u>250</u> K: <u>169</u>			
a3. Is this checklist attached to a Form PI-7 within ten days following the installation or modification of the facilities? <i>If "YES," the notification shall include a description of the project, calculations, and data identifying specific chemical names, L values, and a description of pollution control equipment, if any..</i>		X YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
a4. Are one or more of the following chemicals is handled for this registration? (Check all that apply) <i>If "YES," answer the following four questions.</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO X N/A	
<input type="checkbox"/> acrolein <input type="checkbox"/> allyl chloride <input type="checkbox"/> ammonia (anhydrous) <input type="checkbox"/> arsine <input type="checkbox"/> boron trifluoride <input type="checkbox"/> bromine <input type="checkbox"/> carbon disulfide <input type="checkbox"/> chlorine <input type="checkbox"/> chlorine dioxide <input type="checkbox"/> chlorine trifluoride <input type="checkbox"/> chloroacetaldehyde <input type="checkbox"/> chloropicrin <input type="checkbox"/> chloroprene	<input type="checkbox"/> diazomethane <input type="checkbox"/> diborane <input type="checkbox"/> diglycidyl ether <input type="checkbox"/> dimethylhydrazine <input type="checkbox"/> ethyleneimine <input type="checkbox"/> ethyl mercaptan <input type="checkbox"/> fluorine <input type="checkbox"/> formaldehyde (anhydrous) <input type="checkbox"/> hydrogen bromide <input type="checkbox"/> hydrogen chloride <input type="checkbox"/> hydrogen cyanide <input type="checkbox"/> hydrogen fluoride <input type="checkbox"/> hydrogen selenide	<input type="checkbox"/> hydrogen sulfide <input type="checkbox"/> ketene <input type="checkbox"/> methylamine <input type="checkbox"/> methyl bromide <input type="checkbox"/> methyl hydrazine <input type="checkbox"/> methyl isocyanate <input type="checkbox"/> methyl mercaptan <input type="checkbox"/> nickel carbonyl <input type="checkbox"/> nitric acid <input type="checkbox"/> nitric oxide <input type="checkbox"/> nitrogen dioxide <input type="checkbox"/> oxygen difluoride	<input type="checkbox"/> ozone <input type="checkbox"/> pentaborane <input type="checkbox"/> perchloromethyl mercaptan <input type="checkbox"/> perchloryl fluoride <input type="checkbox"/> phosgene <input type="checkbox"/> phosphine <input type="checkbox"/> phosphorus trichloride <input type="checkbox"/> selenium <input type="checkbox"/> hexafluoride stibine <input type="checkbox"/> liquefied sulfur dioxide <input type="checkbox"/> sulfur pentafluorid <input type="checkbox"/> tellurium hexafluoride



Title 30 Texas Administrative Code § 106.262
Permit by Rule (PBR) Checklist
Facilities (Emission and Distance Limitations)

Are all facilities are located at least 300 feet from the nearest property line and 600 feet from any off-plant receptor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A
Are the cumulative amount of any of the following chemicals resulting from one or more authorizations under this section (but not including permit authorizations) less than or equal to 500 pounds on the plant property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A
Are all listed chemicals handled only in unheated containers operated in compliance with the United States Department of Transportation regulation (49 Code of Federal Regulation, Parts 171-178)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A
Are any changes to or additions of any existing air pollution abatement equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A
a5. Are there any changes to or additions of any existing air pollution abatement equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A
a6. Will there be any visible emissions, except uncombined water, emitted to the atmosphere from any point or fugitive source in amounts greater than 5.0% opacity in any six-minute period?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A

D, Feet	K	
100	326	E=maximum allowable hourly emission, and never to exceed 6 pounds per hour.
200	200	
300	139	
400	104	
600	65	
700	54	K=value from the table on this page. (interpolate intermediate values)
800	46	
900	39	
1,000	34	
2,000	14	
3,000 or more	8	D=distance to the nearest off-plant receptor

TABLE 262
LIMIT VALUES (L) FOR USE WITH EXEMPTIONS FROM PERMITTING § 106.262

The values are not to be interpreted as acceptable health effects values relative to the issuance of any permits under Chapter 116 of this title (relating to Control of Air Pollution by Permits for new Construction or Modification).

<u>Compound</u>	<u>Limit (L) Milligrams Per Cubic Meter</u>
Acetone	590.
Acetaldehyde	9.
Acetone	4.
Acetonitrile	34.
Acetylene	2662.
N-Amyl Acetate	2.7
Sec-Amyl Acetate	1.1
Benzene	3.
Beryllium and Compounds	0.0005
Boron Trifluoride, as HF	0.5
Butyl Alcohol,	76.
Butyl Acrylate	19.
Butyl Chromate	0.01
Butyl Glycidyl Ether	30.
Butyl Mercaptain	0.3
Butyraldehyde	1.4
Butyric Acid	1.8
Butyronitrile	22.
Carbon Tetrachloride	12.
Chloroform	10.
Chlorophenol	0.2
Chloroprene	3.6
Chromic Acid	0.01
Chromium Metal, Chromium II and III Compounds	0.1
Chromium VI Compounds	0.01
Coal Tar Pitch Volatiles	0.1
Creosote	0.1
Cresol	0.5
Cumene	50.
Dicyclopentadiene	3.1
Diethylaminoethanol	5.5
Diisobutyl Ketone	63.9
Dimethyl Aniline	6.4
Dioxane	3.6

<u>Compound</u>	<u>Limit (L) Milligrams Per Cubic Meter</u>
Dipropylamine	8.4
Ethyl Acrylate	0.5
Ethylene Dibromide	0.38
Ethylene Glycol	26.
Ethylene Glycol Dinitrate	0.1
Ethylidene 2-norbornene, 5-	7.
Ethyl Mercaptan	0.08
Ethyl Sulfide	1.6
Glycolonitrile	5.
Halothane	16.
Heptane	350.
Hexanediamine, 1, 6-	0.32
Hydrogen Chloride	1.
Hydrogen Fluoride	0.5
Hydrogen Sulfide	1.1
Isoamyl Acetate	133.
Isoamyl Alcohol	15.
Isobutyronitrile	22.
Kepone	0.001
Kerosene	100.
Malononitrile	8.
Mesityl Oxide	40.
Methyl Acrylate	5.8
Methyl Amyl Ketone	9.4
Methyl-T-Butyl Ether	45.
Methyl Butyl Ketone	4.
Methyl Disulfide	2.2
Methylenebis (2-chloroaniline) (MOCA)	0.003
Methylene Chloride	26.
Methyl Isoamyl Ketone	5.6
Methyl Mercaptan	0.2
Merthyl Methacrylate	34.
Methyl Propyl Ketone	530.
Methyl Sulfide	0.3
Mineral Spirits	350.
Naphtha	350.
Nickel, Inorganic Compounds	0.015
Nitroglycerine	0.1

<u>Compound</u>	<u>Limit (L) Milligrams Per Cubic Meter</u>
Nitropropane	5.
Octane	350.
Parathion	0.05
Pentane	350.
Perchloroethylene	33.5
Petroleum Ether	350.
Phenyl Mercaptan	0.4
Propionitrile	14.
Propyl Acetate	62.6
Propylene Oxide	20.
Propyl Mercaptan	0.23
Silica-amorphous-precipitated, silica gel	4.
Silicon Carbide	4.
Stoddard Solvent	350.
Styrene	21.
Succinonitrile	20.
Tolidin	0.02
Trichloroethylene	135.
Trinethylamine	0.1
Valeric Acid	0.34
Vinyl Acetate	15.
Vinyl Chloride	2.

NOTE: The time weighted average (TWA) threshold Limit Value (TLV) published by the American Conference of Governmental Industrial Hygienists (ACGIH), in its TLVs and BEIs guide (1997 Edition) shall be used for compounds not included in the table. The Short Term Exposure Level (STEL) or Ceiling Limit (annotated with a "C") published by the ACGIH shall be used for compounds that do not have a published TWA TLV. This section cannot be used if the compound is not listed in the table or does not have a published TWA TLV, STEL, or Ceiling Limit in the ACGIH TLVs and BEIs guide.



Texas Commission on Environmental Quality

Exemption §106.472 Checklist (Previously Standard Exemption 51)

Organic Liquid Loading and Unloading

The following checklist is designed to help you confirm that you meet §106.472, previously Standard Exemption 51 (STDX 51), requirements. **Any "no" answers indicate that the claim of registration may not meet all requirements for the use of Exemption §106.472, previously Standard Exemption 51.** If you do not meet all the requirements, you may alter the project design/operation in such a way that all the requirements of the exemption are met, or obtain a construction permit.

<u>YES</u>	<u>NO</u>	<u>NA</u>	<u>DESCRIPTION</u>
<u>X</u>	—	—	Have you included a description of how this exemption claim meets the general rule for the use of exemptions (§106, Subchapter A checklist is available)?
<u>X</u>	—	—	Are all the facilities claimed for exemption specifically named in the general section of §106.472, previously STDX 51? (This exemption has been interpreted to allow mixing or blending but <u>not</u> chemical reaction in tankage.)
<u>X</u>	—	—	Is the equipment designed to prevent visible emissions?
<u>X</u>	—	—	Are all the chemicals to be loaded, unloaded, or stored described in §106.472, previously STDX 51(a) - (i)? Attach a list of the chemicals and identify the appropriate item of §106.472, previously STDX 51 that applies. Include additional supporting data. For example, a §106.472, previously STDX 51(i), claim should identify initial boiling points of all compounds to be covered.
—	—	<u>X</u>	Will aqueous ammonia solutions, hydrochloric acid, or acetic acid be vented through a water scrubber?
—	—	<u>X</u>	Are facilities loading, unloading, or storing butyric acid, isobutyric acid, methacrylic acid, mercaptans, croton oil, 2-methyl styrene, or any other compound with an initial boiling point of 300 degrees F or greater listed in 40 CFR 261, Appendix VIII, located at least 500 feet from any recreational area or residence or other structure not occupied or used solely by the owner or operator of the facility or the owner of the property upon which the facility is located? List these compounds and show their handling location on an attached scaled plot plan.



Exemption §106.492 Checklist (Previously Standard Exemption 80)

Smokeless Gas Flares

YOU MUST SUBMIT A PI-7 WITH REQUIRED ATTACHMENTS BEFORE CONSTRUCTION OR OPERATION IF THE GAS BURNED IN THE FLARE HAS A SULFUR OR CHLORINE CONCENTRATION GREATER THAN 24 PPMV.

The following checklist is designed to help you confirm that you meet Exemption §106.492, previously standard exemption 80, requirements. **Any "no" answers indicate that the claim of exemption may not meet all requirements for the use of Exemption §106.492, previously standard exemption 80.** If you do not meet all the requirements, you may alter the project design/operation in such a way that all the requirements of the exemption are met, or obtain a construction permit.

<u>YES</u>	<u>NO</u>	<u>NA</u>	<u>DESCRIPTION</u>
<u>X</u>	—	—	Have you included a description of how this exemption claim meets the general rule for the use of exemptions (§106.4 checklist is available)?
<u>X</u>	—	—	Is the flare equipped with a tip designed to provide good mixing with air, flame stability and a tip velocity less than 60 ft/sec for gases having a lower heating value less than 1,000 BTU/ft ³ , or less than 400 ft/sec for gases with a LHV greater than 1,000 BTU/ft ³ ? Attach a description including BTU content and tip velocity (Table 8 is available).
—	—	—	Is the flare equipped with a continuously burning pilot or other automatic ignition system that assures gas ignition whenever vents are directed to the flare? Attach a description of the system.
—	—	<u>X</u>	If the flare emits more than 4 #/hr of reduced sulfur compounds, excluding sulfur oxides, is it equipped with an alarm system that immediately notifies appropriate personnel when the ignition system ceases functioning? Attach a description of the system.
—	—	<u>X</u>	If the flare emits less than 4 #/hr of reduced sulfur compounds and is not equipped with an alarm system, does the stack height meet the requirements of condition (d) of §106.352, previously standard exemption STDX 66? Required height: __. Actual height __.
—	—	<u>X</u>	If the flare burns gases containing more than 24 ppmv of sulfur, chlorine or compounds containing either element, is it located at least 1/4 mile from any recreational area, residence, or other structure not occupied or used solely by the owner or operator of the flare or owner of the property where the flare is located? Attach a scaled map.
—	—	<u>X</u>	If the flare emits HCl, does the heat release (BTU/hr based on lower heating value) equal or exceed $2.73 \times 10^5 \times \text{HCl emission rate (lb/hr)}$? Attach calculations.
—	—	<u>X</u>	If the flare emits SO ₂ , does the heat release (BTU/hr based on lower heating value) equal or exceed $0.53 \times 10^5 \times \text{SO}_2 \text{ emission rate (lb/hr)}$? Attach calculations.
<u>X</u>	—	—	Will you limit the flare to burning only combustible mixtures of gases containing only carbon, hydrogen, nitrogen, oxygen, sulfur, chlorine, or compounds derived from these elements?
<u>X</u>	—	—	Will the gas mixture always have a net or lower heating value of at least 200 BTU/ft ³ prior to addition of air?
<u>X</u>	—	—	Do you understand and will you ensure that liquids shall never be burned in the flare?

TABLE 8
FLARE SYSTEMS

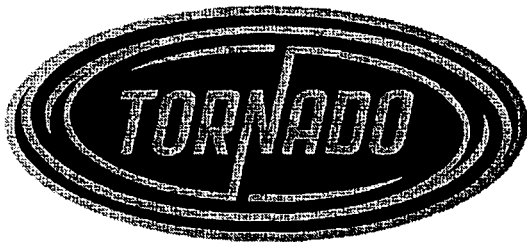
Number from Flow Diagram N/A		Manufacturer & Model No. (if available) Tornado Air Assist Flare		
CHARACTERISTICS OF INPUT				
Waste Gas Stream	Material	Min. Value Expected	Ave. Value Expected	Design Max.
		(scfm [68°F, 14.7 psia])	(scfm [68°F, 14.7 psia])	(scfm [68°F, 14.7 psia])
	1. air with sulfur compounds	200	200	264
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			
% of time this condition occurs				
		Flow Rate (scfm [68°F, 14.7 psia])		Temp. °F
		Minimum Expected	Design Maximum	Pressure (psig)
Waste Gas Stream		220	224.7	100
Fuel Added to Gas Steam		39.3	39.3	100
	Number of Pilots	Type Fuel	Fuel Flow Rate (scfm [70°F & 14.7 psia]) per pilot	
	one	Propane	0.33	
For Stream Injection	Stream Pressure (psig)		Total Stream Flow	Temp. °F
	Min. Expected		Rate (lb/hr)	
N/A				
	Number of Jet Streams	Diameter of Steam Jets (inches)	Design basis for steam injected (lb steam/lb hydrocarbon)	
For Water Injection	Water Pressure (psig)	Total Water Flow Rate (gpm)	No. of Water Jets	Diameter of Water Jets (inches)
N/A	Min. Expected Design Max.	Min. Expected Design Max.		
Flare Height (ft) 40		Flare tip inside diameter (ft) 0.333		
Capital Installed Cost \$ 50,000		Annual Operating Cost \$ 500		

Supply an assembly drawing, dimensioned and to scale, to show clearly the operation of the flare system. Show interior dimensions and features of the equipment necessary to calculate its performance. Also describe the type of ignition system and its method of operation. Provide an explanation of the control system for steam flow rate and other operating variables.

05/96

Attached

EPAHO043000918



5854 IH 10
Alleyton, TX 78935
Phone: 979-732-8193
Fax: 979-732-2393
Toll Free: 888-732-2400
E-Mail: g_kazmir@tornadotech.com
Web Site: www.tornadotech.com

Re: 4" x 40'-0" Tall Air Assist Flare
Tornado Quotation No.: 0000-08-07-10

REV. 2

DESIGN DATA (INERT CASE):

Design Flow Rate: **264 SCFM**

Make up Gas (Propane) added to Waste Gas Stream to get the heating value up to 300 btu/scf with the design flow rate of 264 scfm: **39.3 scfm**

Waste Gas Composition: **Inert Vapors**

Mole Wt: **28.0134**

Design Temperature: **100 Degrees F**

Allowable Pressure Drop: **2 PSI.**

Pressure Drop across Flare and 4" OSSF Detonation Arrestor: **7.3" W.C.**

DESCRIPTION OF FLARE

- Self Supported Design (100 mph wind speed)
- SA-36 Carbon Steel Base Plate with Gussets
- Carbon Steel main Structure
- 304 Stainless Steel Flare Tip Section – Both for the Waste Gas Riser and the Air Annulus Tip
- 4"-150# RF Waste Gas Inlet Connection
- Tornado's Standard 2 Coat Paint System (Top Coat Color: Gloss Black)
- 1" x 2" Pilot Tracking System to raise and lower the pilot
- One (1) Dayton Blower – 3 HP, 3 Phase, 60 HZ, Explosion Proof 230 Volt Motor (Blower C/W Manual Outlet Damper, and Inlet Screen) Motor Starter by Client

Note: This blower will be a single speed blower with a manual operated outlet damper that is adjusted according to the amount of air needed to give a clean burn.

Description of a TSI-6 TPMR-A Natural Gas Retractable Pilot System:

The Tornado TSI-6 natural gas Retractable pilot, C/W relight capabilities. The standard Tornado retractable pilot, model TSI-6 is manufactured to mount on the Tornado Flare Stack Tracking System. This allows you to raise and lower the pilot from grade level to the flare tip with a simple hoisting winch, saving you the expense of man lifts and or cranes, should your pilot ever need repair. This pilot will come with Fuel Hose and 16-4 SOW Electrical Cable. This pilot operates on a natural gas fuel supply of 12-15 psig and consumes approximately 20 scfh. (Extremely fuel-efficient compared to the other pilot systems on the market.) A Silicon Carbide nozzle assembly is mounted at the tip of the pilot with horizontal ports allowing fine blue flames to protrude into the waste gas stream. The Tornado Pilot Assembly consists of the following:

- Silicon Carbide Nozzle Assembly
- 310 Stainless Steel Nozzle Mounting Plate and Nozzle Cage
- 304 Stainless Steel, 2" Diameter Main Body Assembly (Ignitor Head)
- 304 Stainless Steel, 3" Diameter Air Inlet Housing
- ¼" Fuel Gas Inlet
- Internal Stainless Steel Tubing, Venturi and Mixer Assemblies

An Automatic Re-Light Package is mounted "piggyback" on this pilot system. The automatic re-light system consists of the following components:

- ✓ Flame Front Solenoid Valve
- ✓ NEMA 4 Transformer Enclosure
- ✓ NTK® Spark Transformer
- ✓ Tornado 4M4 Spark Electrode With Wire and Boot
- ✓ 1" Stainless Steel Flame Front Tube
- ✓ Stainless Steel Tubing with Air Intake Chamber, Orifice, and Venturi

The provided ¼" flexible fuel hose will connect to the fuel gas inlet connection on the pilot and runs down to the base of the stack, connecting to a Regulator, provided by Tornado. The provided 16-4 SOW Cable runs from the Transformer mounted on the Pilot, to the junction box mounted at the base of the flare. Two of the wires in this cable serve as thermocouple wires and the remaining two serve as power for the solenoid and spark transformer. You as the client will supply the wiring from the Control Panel to the Junction Box mounted at the base of the flare.

A 110 Volt Pilot Control Panel is included to light and monitor the pilot. A Timer, temperature switch, relays, terminals, etc. are mounted inside a NEMA 4X, non-metallic enclosure, for "unclassified" electrical areas. The control panel monitors the pilot via a type "k" thermocouple mounted in the pilot nozzle. The system will attempt a relight sequence, should the pilot be extinguished, for a set time period. If the pilot fails to relight, a red pilot fail indicator will illuminate. The pilot control panel includes a power on/off switch, three-position selector switch (hand/off/auto), white power on lamp, a green pilot prove lamp, and a red pilot fail lamp.

DESCRIPTION OF THE DETONATION ARRESTOR

Tornado Technologies OSSF Sure Stop Detonation Arrestors are passive devices that have been designed to prevent the propagation of flame fronts back through transmission lines and piping configurations.

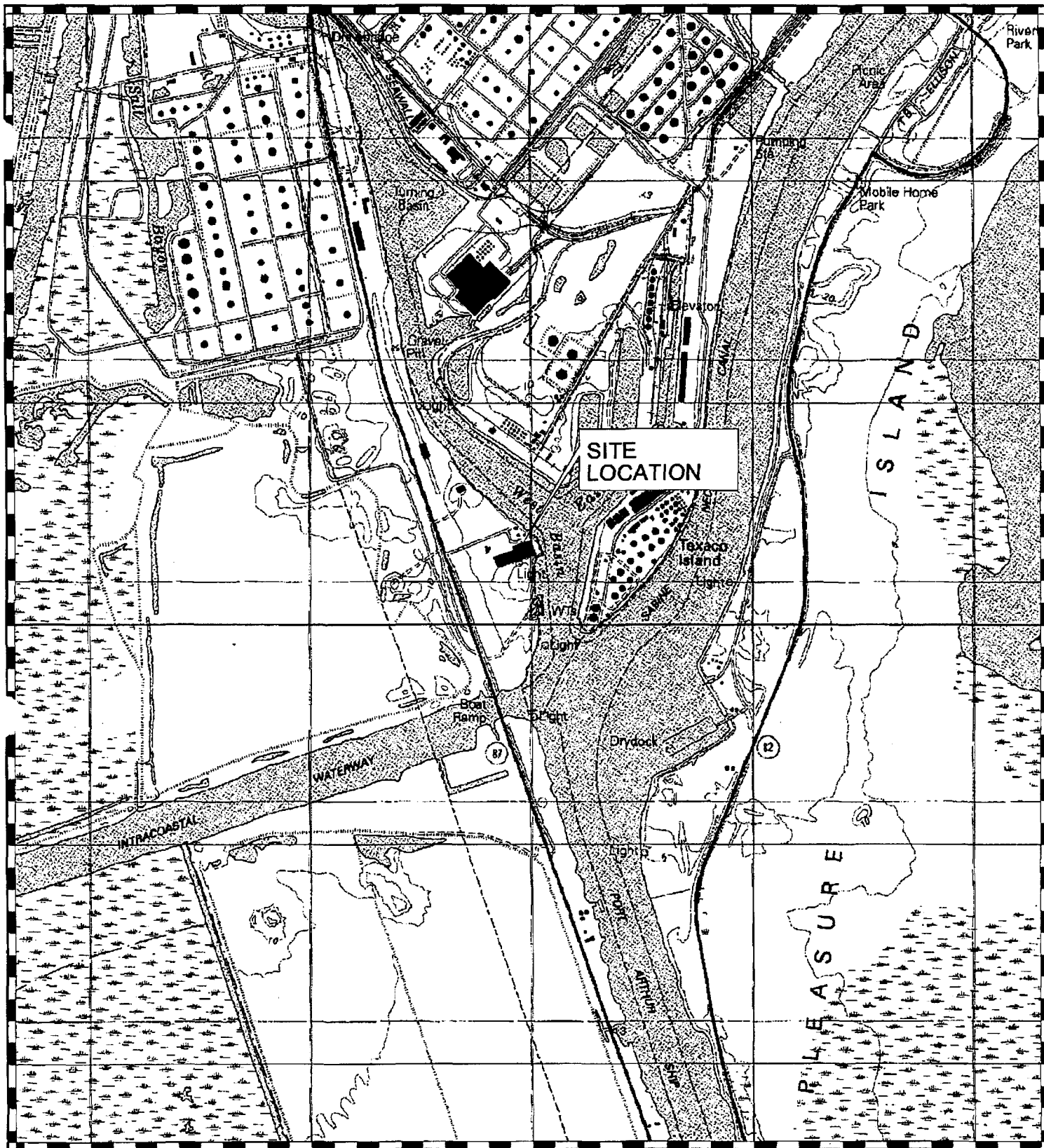
Tornado Detonation Arrestors (DA's) allow gas or vapor to pass through, but will stop dead even supersonic explosions. Our unique patented flame-quenching cell is unlike any in the industry.

Most DA manufacturers use conventional crimped-ribbon Flame Arrestor cells and simply stack multiple cells together. Tornado spent countless hours of research to develop a patented alumina ceramic media system. The oxidization and corrosion-proof beads act as a maze to the flame, allowing total protection and the longest continuous burn ratings in the industry.

The 4" OSSF Detonation Arrestor will include the following features:

- Carbon Steel Flame Cell Housing
- 304 Stainless Steel Flame Cell Grids
- Alumina Ceramic Flame Quenching Media (Beads)
- Carbon Steel Threaded Couplings for Differential Pressure, Temperature Monitoring, Media Fill and Drain
- 4"-150LB Carbon Steel Raised Face Inlet/Outlet Connections (Bi-Directional)
- United States Coast Guard Accepted, **Type I Burn Endurance** Tested (2 Hour Burn Time)
- Meets and Exceeds CSA-Z343 – Rev 12
- Gas Classifications: NEC Group C and D Gasses
- Removable Flame Cell, Cleanable to "As New" Condition if Performed by Tornado Technologies, Inc.

AREA MAP



1320 0 1320
1:24,000 1" = 2000 feet feet

AREA MAP

CES ENVIRONMENTAL SERVICES, INC.

2420 SOUTH GULFWAY DRIVE

PORT ARTHUR, JEFFERSON COUNTY, TEXAS



FIGURE

1



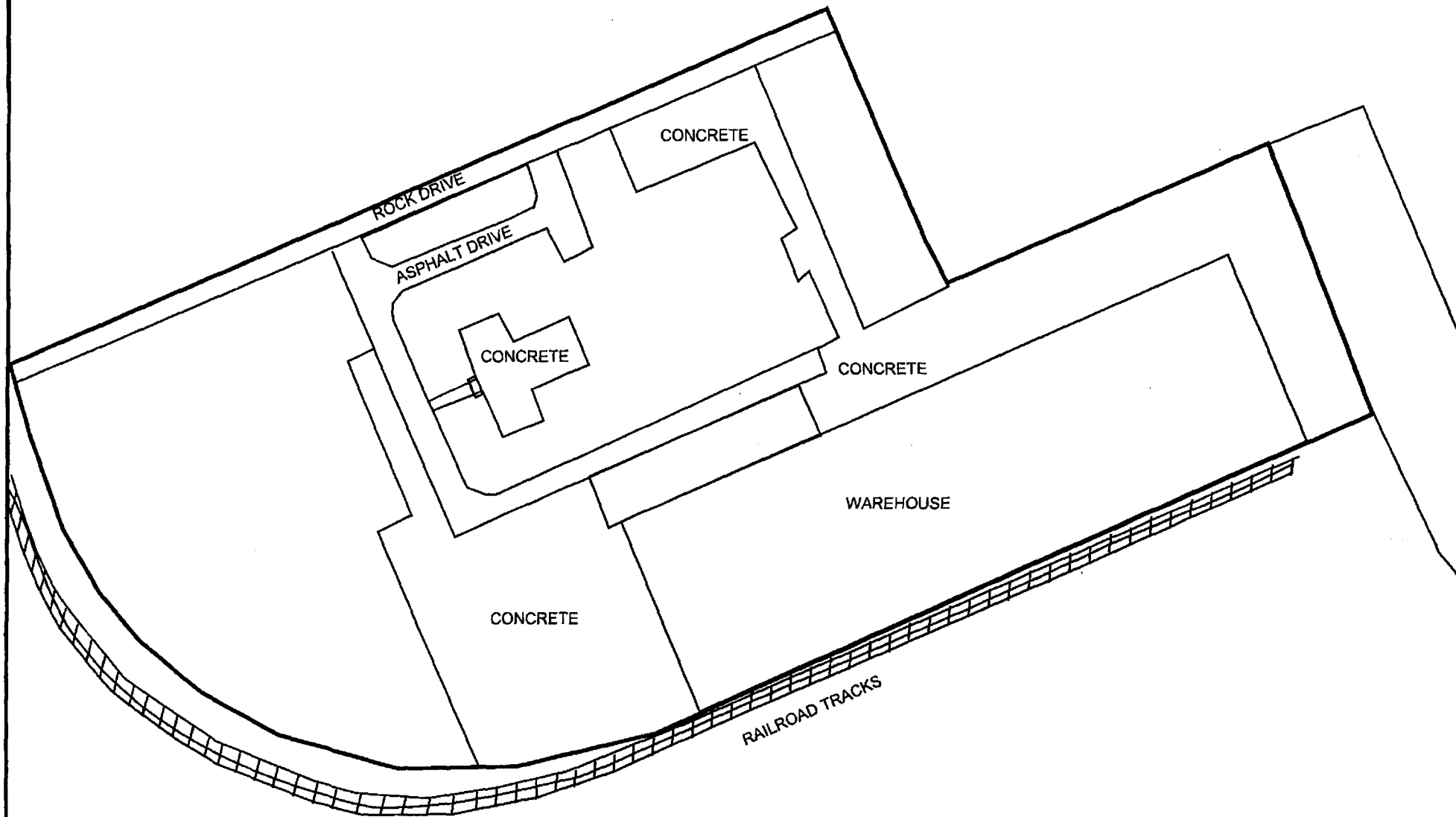
Reproduced from 7.5' U.S.G.S. Topographic Quadrangle: Port Arthur South, Texas; Zone 15

DRAWN BY: LLS DATE: 08-08-2008

FILE: H:\client-CES-Pt Arthur-PT ART Topo.geo

EPAHO043000923

FACILITY SITE PLAN



The WCM Group, Inc.
 P. O. Box 3247
 Humble, TX 77347-3247
 (281) 446-7070 Fax (281) 446-3348

SITE PLAN
CES ENVIRONMENTAL SERVICES, INC.
2420 SOUTH GULFWAY DRIVE
PORT ARTHUR, JEFFERSON COUNTY, TEXAS

DRAWN BY: **LLS**
 DATE: **08/08/2008**
 REV. DATE:

Approx. Scale in Feet
 0 50 100

DRAWING ID: **H:\client\CES\Port Arthur\PA Site.cvx**

FIGURE

2

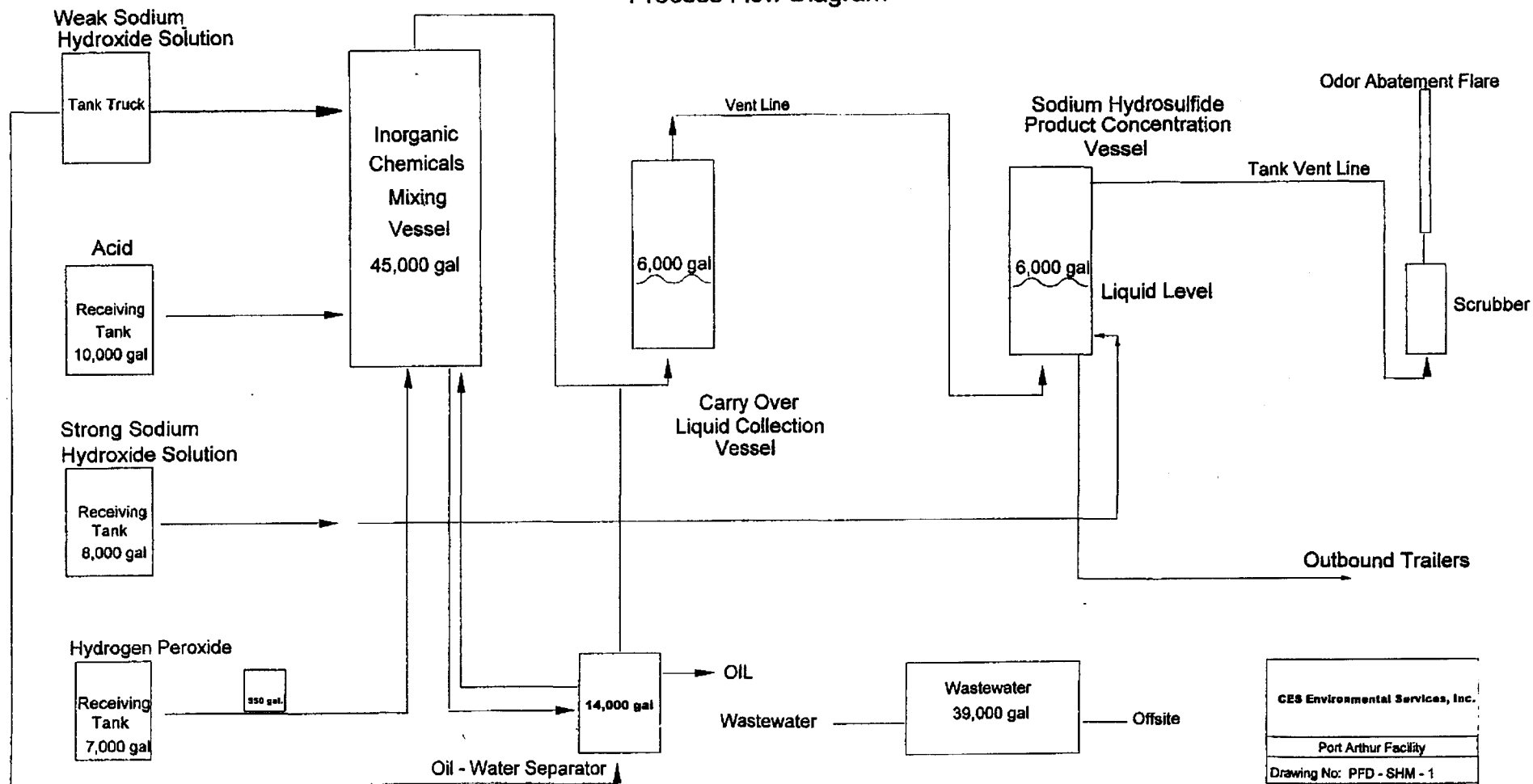




CES ENVIRONMENTAL SERVICES, INC.	
CES Port Arthur Site	
"Inorganic Chemical Milling Operation"	
Drawn By: LTR/tem	Date: July 28, 2009
Revision No.: 1.1	WS = 0.0

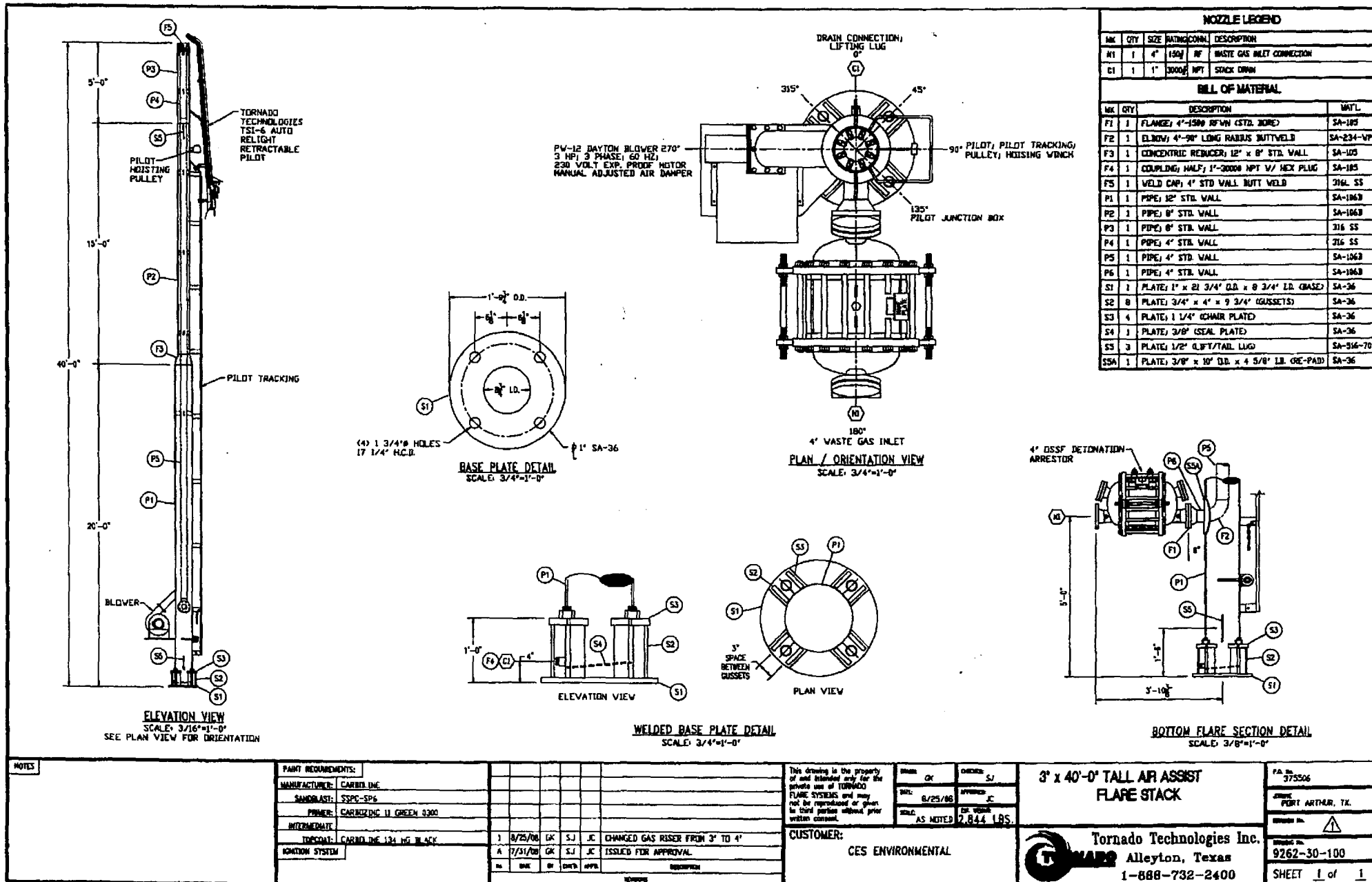
PROCESS FLOW DIAGRAM

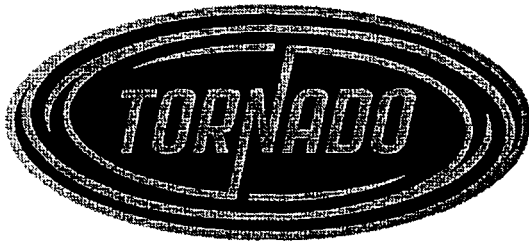
CES Port Arthur Inorganic Chemical Production Operation Process Flow Diagram



CES Environmental Services, Inc.
Port Arthur Facility
Drawing No: PFD - SHM - 1
Drawn By: CGH/clm
Date: July 28, 2008

TORNADO FLARE SCHEMATIC





5854 IH 10
Alleyton, TX 78935
Phone: 979-732-8193
Fax: 979-732-2393
Toll Free: 888-732-2400
E-Mail: g_kazmir@tornadotech.com
Web Site: www.tornadotech.com

Attention: Mr. Marlin Moser
Company: CES Environmental
Phone: 713-539-6574 Email: mmoser@cesenvironmental.com
Date: August 25, 2008
Re: 4" x 40'-0" Tall Air Assist Flare

Tornado Quotation No.: 0000-08-07-10
REV. 2

Page: 1 of 4

Mr. Marlin Moser,

Due to the increased waste gas flow, please see the revised price, changing the proposed flare from 3" x 40' to 4" x 40'-0" tall. The Detonation Arrestor will change as well from a 3" to a 4" unit.

Tornado Technologies would like to say thank you for allowing us the opportunity to quote our product to you and CES Environmental.

Per your request, Tornado Technologies is offering its design of an Air Assist Flare to be of service in your upcoming application. This Flare will come with Tornado's TSI-6 Auto Relight Retractable Pilot and Tornado's 4" OSSF Detonation Arrestor.

Following will be a description, price, and delivery for this flare system.

DESIGN DATA (INERT CASE):

Design Flow Rate: 264 SCFM

Make up Gas (Propane) added to Waste Gas Stream to get the heating value up to 300 btu/scf with the design flow rate of 264 scfm: 39.3 scfm

Waste Gas Composition: Inert Vapors

Mole Wt: 28.0134

Design Temperature: 100 Degrees F

Allowable Pressure Drop: 2 PSI.

Pressure Drop across Flare and 4" OSSF Detonation Arrestor: 7.3" W.C.

DESIGN DATA (HIGH BTU CASE):

Design Flow Rate: 13.4 SCFM

Waste Gas Composition: (C10) Decane

Mole Wt: 142.285

Design Temperature: 100 Degrees F

Allowable Pressure Drop: **2 PSI.**

Pressure Drop across Flare and 4" OSSF Detonation Arrestor: **0.6" W.C.**

DESCRIPTION OF FLARE

- Self Supported Design (100 mph wind speed)
- SA-36 Carbon Steel Base Plate with Gussets
- Carbon Steel main Structure
- 304 Stainless Steel Flare Tip Section – Both for the Waste Gas Riser and the Air Annulus Tip
- 4"-150# RF Waste Gas Inlet Connection
- Tornado's Standard 2 Coat Paint System (Top Coat Color: Gloss Black)
- 1" x 2" Pilot Tracking System to raise and lower the pilot
- One (1) Dayton Blower – 3 HP, 3 Phase, 60 HZ, Explosion Proof 230 Volt Motor (Blower C/W Manual Outlet Damper, and Inlet Screen) Motor Starter by Client

Note: This blower will be a single speed blower with a manual operated outlet damper that is adjusted according to the amount of air needed to give a clean burn.

Description of a TSI-6 TPMR-A Natural Gas Retractable Pilot System:

The Tornado TSI-6 natural gas Retractable pilot, C/W relight capabilities. The standard Tornado retractable pilot, model TSI-6 is manufactured to mount on the Tornado Flare Stack Tracking System. This allows you to raise and lower the pilot from grade level to the flare tip with a simple hoisting winch, saving you the expense of man lifts and or cranes, should your pilot ever need repair. This pilot will come with Fuel Hose and 16-4 SOW Electrical Cable. This pilot operates on a natural gas fuel supply of 12-15 psig and consumes approximately 20 scfh. (Extremely fuel-efficient compared to the other pilot systems on the market.) A Silicon Carbide nozzle assembly is mounted at the tip of the pilot with horizontal ports allowing fine blue flames to protrude into the waste gas stream. The Tornado Pilot Assembly consists of the following:

- Silicon Carbide Nozzle Assembly
- 310 Stainless Steel Nozzle Mounting Plate and Nozzle Cage
- 304 Stainless Steel, 2" Diameter Main Body Assembly (Ignitor Head)
- 304 Stainless Steel, 3" Diameter Air Inlet Housing
- 1/4" Fuel Gas Inlet
- Internal Stainless Steel Tubing, Venturi and Mixer Assemblies

An Automatic Re-Light Package is mounted "piggyback" on this pilot system. The automatic re-light system consists of the following components:

- ✓ Flame Front Solenoid Valve
- ✓ NEMA 4 Transformer Enclosure
- ✓ NTK® Spark Transformer
- ✓ Tornado 4M4 Spark Electrode With Wire and Boot
- ✓ 1" Stainless Steel Flame Front Tube
- ✓ Stainless Steel Tubing with Air Intake Chamber, Orifice, and Venturi

The provided ¼" flexible fuel hose will connect to the fuel gas inlet connection on the pilot and runs down to the base of the stack, connecting to a Regulator, provided by Tornado. The provided 16-4 SOW Cable runs from the Transformer mounted on the Pilot, to the junction box mounted at the base of the flare. Two of the wires in this cable serve as thermocouple wires and the remaining two serve as power for the solenoid and spark transformer. You as the client will supply the wiring from the Control Panel to the Junction Box mounted at the base of the flare.

A 110 Volt Pilot Control Panel is included to light and monitor the pilot. A Timer, temperature switch, relays, terminals, etc. are mounted inside a NEMA 4X, non-metallic enclosure, for "unclassified" electrical areas. The control panel monitors the pilot via a type "k" thermocouple mounted in the pilot nozzle. The system will attempt a relight sequence, should the pilot be extinguished, for a set time period. If the pilot fails to relight, a red pilot fail indicator will illuminate. The pilot control panel includes a power on/off switch, three-position selector switch (hand/off/auto), white power on lamp, a green pilot prove lamp, and a red pilot fail lamp.

DESCRIPTION OF THE DETONATION ARRESTOR

Tornado Technologies OSSF Sure Stop Detonation Arrestors are passive devices that have been designed to prevent the propagation of flame fronts back through transmission lines and piping configurations.

Tornado Detonation Arrestors (DA's) allow gas or vapor to pass through, but will stop dead even supersonic explosions. Our unique patented flame-quenching cell is unlike any in the industry.

Most DA manufacturers use conventional crimped-ribbon Flame Arrestor cells and simply stack multiple cells together. Tornado spent countless hours of research to develop a patented alumina ceramic media system. The oxidization and corrosion-proof beads act as a maze to the flame, allowing total protection and the longest continuous burn ratings in the industry.

The 4" OSSF Detonation Arrestor will include the following features:

- Carbon Steel Flame Cell Housing
- 304 Stainless Steel Flame Cell Grids
- Alumina Ceramic Flame Quenching Media (Beads)
- Carbon Steel Threaded Couplings for Differential Pressure, Temperature Monitoring, Media Fill and Drain
- 4"-150LB Carbon Steel Raised Face Inlet/Outlet Connections (Bi-Directional)
- United States Coast Guard Accepted, **Type I Burn Endurance** Tested (2 Hour Burn Time)
- Meets and Exceeds CSA-Z343 – Rev 12
- Gas Classifications: NEC Group C and D Gasses
- Removable Flame Cell, Cleanable to "As New" Condition if Performed by Tornado Technologies, Inc.

PRICING:

Flare, Pilot, Control Panel, Blower, and 4" Detonation Arrestor as describe above: **\$41,540.00**
plus shipping

Price does not include any X-Ray or Special Testing

DELIVERY: 6 to 8 weeks after receiving a purchase order. If approval drawings are required, the delivery will be 6 to 8 weeks after receiving clients approval for fabrication.

PAYMENT TERMS:

- Terms of payment will be 100% net 30 days after invoicing
- 100% invoiced upon equipment ready for shipment
- Prices quoted are in U.S. Dollars
- Prices are quoted F.O.B. Tornado Technologies, Inc. yard, Alleyton Texas
- Prices do not include federal, state, or local taxes, excise, use, or other taxes.
- Cancellation charges will be 125% of charges incurred until written notification of cancellation is received.

Tornado Technologies warrants the Work against defective workmanship and /or materials, under normal and proper use, for a period of twelve (12) months. Warranty shall be replacement of defective part only; on-site labor and/or associated on-site costs to replace defective part are not covered under warranty. Sub-vendor Control parts (Eg. Instruments), purchased by Tornado, will only receive pass through warranty if warranty is deemed applicable by the original equipment manufacturer.

Tornado offers the very best in detonation protection. Please visit our website at the following address: www.tornadotech.com Thank you again for the opportunity to quote our product for your application. Please call if you have any questions or comments.

Thanks Marlin,

Gene Kazmir
Tornado Technologies Inc.



The WCM Group, Inc.

December 8, 2008

Air Permits Initial Review Team (APIRT), MC161
Texas Commission on Environmental Quality
12100 Park 35 Circle, Building C, Third Floor
Austin, Texas 78753

LONE STAR
AIRBILL NUMBER
P2687565

Reference: Registration of Permits-By-Rule
Port Arthur Chemical & Environmental Services, LLC
2420 Highway 87 South
Port Arthur, Jefferson County, Texas
RN105156111

Dear Sir or Madam:

On behalf of Port Arthur Chemical & Environmental Services, please find enclosed documentation to authorize the processing of an aqueous feed stream to recover Naphthenic Acid under Permits-By-Rule §106.261 and §106.472. Check Number 41881 was previously sent to the Texas Commission on Environmental Quality for this submittal.

If you have questions regarding this registration, or require further information, please do not hesitate to contact Mr. Matt Bowman at (713) 676-1460, or me directly at (281) 446-7070.

Sincerely,

Philip B. Evans
Director, Technical Services

PBE/tv
27286:5330020.lts.doc

Enclosure

cc: M. Bowman
H. Ross – TCEQ Region 10

CES ENVIRONMENTAL SERVICES, INC.

41881

TCEQ				12/3/2008	
Date	Type	Reference	Original Amt.	Balance Due	Discount
12/3/2008	Bill	PI-7-CERT	100.00	100.00	
				Check Amount	
					Payment
					100.00
					100.00

PAYMENT
RECORD

CES Environmental S 0803198H

100.00

565368 (5/08)

EPAH0043000938

**PERMIT-BY-RULE AUTHORIZATION FOR
NAPHTHENIC ACID PRODUCTION**

**Prepared for
PORT ARTHUR CHEMICAL &
ENVIRONMENTAL SERVICES, LLC
Port Arthur, Jefferson County, Texas**

**Prepared by
THE WCM GROUP, INC.
Humble, Texas**

December 2008

EPAHO043000939

**PERMIT-BY-RULE AUTHORIZATION FOR
NAPHTHENIC ACID PRODUCTION**

**Prepared for
PORT ARTHUR CHEMICAL &
ENVIRONMENTAL SERVICES, LLC
Port Arthur, Jefferson County, Texas**

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2.0 EMISSIONS SUMMARY	2
3.0 PERMIT-BY-RULE APPLICABILITY	3

ATTACHMENTS

- A - EMISSION CALCULATIONS
- B - MATERIAL SAFETY DATA SHEETS

TCEQ FORMS

PI-7-CERT FORM

TCEQ §106.4 CHECKLIST

TCEQ §106.261 CHECKLIST

TCEQ §106.472 CHECKLIST

FIGURES

- 1 - AREA MAP
- 2 - FACILITY SITE PLAN
- 3 - PROCESS FLOW DIAGRAM

INTRODUCTION

Port Arthur Chemical & Environmental Services, LLC intends to construct and operate equipment for use in the production of Naphthenic Acid on a property located at 2420 Highway 87 South of Port Arthur in Jefferson County, Texas. The enclosed documentation is submitted to demonstrate Permit-By-Rule (PBR) authorization for the production equipment and associated emissions. Some supporting equipment in the project was previously authorized under PBR Registration No. 86173.

The production process involves the initial acidification of an aqueous feed stream composed of Naphthenic acid and dissolved sodium hydroxide and sodium sulfide salts. The neutralized mixture is settled and phase separated. The Naphthenic Acid is decanted to a tank trailer while the residual water and salts are transferred to the existing wastewater storage. Operational details are found in the Process Description section of this registration.

The facility is located in the Beaumont/Port Arthur ozone nonattainment area and will be classified as a minor source for emissions of Volatile Organic Compound (VOC) and Nitrogen Oxides (NO_x). The emissions associated with this project are calculated as less than 6.90 tons per year of VOC. Federal nonattainment and PSD program requirements do not apply.

A PI-7-CERT Form with Texas Commission on Environmental Quality (TCEQ) §106.4, §106.261, and §106.472 Checklists are provided in the Forms section of this report. Emission calculations are provided in Attachment A. The Figures section provides an Area Map, Facility Site Plan and Process Flow Diagram.

1.0 PROCESS DESCRIPTION

An aqueous feed stream composed of dissolved sodium salts (sodium sulfide, sodium hydroxide) and Naphthenic acid is delivered to the facility in tank trucks or isocontainers. The Naphthenic acid is a clear light yellow viscous liquid with low vapor pressure comprised of mixed molecular weights from 250 to 300 units. The initial boiling point of the Naphthenic Acid is over 300 degree Fahrenheit. The process is designed to extract the Naphthenic acid from the Naphthenic caustic solution.

The feed stream is batch transferred from the shipping container into a closed 17,500-gallon mix vessel (T11) using a tank-to-tank vapor exchange (vapor balance). Sulfuric acid is then added from an existing 8,000-gallon horizontal fixed roof tank (T4) to react with the caustic sodium salts.

The mixture is decanted to a separator tank (T12) where it is allowed to settle. Process wastewater solutions from the mix vessel (T11) and the separator tank (T12) are transferred to an existing 39,000-gallon wastewater tank (T8) for storage prior to off-site shipment. The Naphthenic acid is pumped to tank trucks or isocontainers for shipment off-site to the customer. The mix tank and the separator tank both vent to an existing abatement system composed of a caustic scrubber and flare (FL1) to control vapors. Emission from tank truck or isocontainer loading will also vent to the existing abatement system. Vapor balance may also be employed during loading to further minimize emissions.

The sulfuric acid tank, the wastewater tank and the abatement system were previously authorized under PBR Registration No. 86173.

2.0 EMISSIONS SUMMARY

Emissions associated with the project include those generated from storage, processing, and transfer operations, as well as from potential fugitive equipment and piping component leaks. Displacement losses from inbound material transfers are minimized using vapor balance.

Potential emissions of NO_x and CO from the existing flare were previously authorized by PBR Registration No. 86173. Therefore, the NO_x and CO emission shown in this project submittal do not represent an increase above the previous registered rates. The emissions of the residual uncombusted propane fuel are included with this submittal as they were inadvertently omitted in the previous flare registration.

Fugitive emissions from potential leaks at valves, pumps, connections and other equipment associated with this project are calculated using the methods and emission factors specified in the TCEQ document "Air Permit Technical Guidance for Chemical Sources: Equipment Leak Fugitives."

The emissions increase associated with this project less than 6.90 tons per year of VOC. As a result, the project does not trigger nonattainment netting or PSD review.

3.0 PERMIT-BY-RULE APPLICABILITY

PROJECT CHEMICALS SUMMARY

CAS No.	Chemical	PBR
8012-95-1	Naphthenic Acid	106.261
1313-82-2	Sodium Sulfide	106.472
1310-73-2	Sodium Hydroxide	106.472
7664-93-9	Sulfuric Acid solution	106.472

PROJECT EQUIPMENT SUMMARY

Status	FIN	Description	Project Use	PBR	Previous Registration Number
existing	T4	8,000-gal capacity horizontal tank	Sulfuric Acid Storage	106.472 (5)	86173
new	T11	17,500-gal capacity Vert Fixed Roof Tank	Mix Tank	106.261	N/A
new	T12	17,500-gal capacity Vert Fixed Roof Tank	Separator Tank	106.261	N/A
existing	TTL	Tank Truck/Isocontainer loading/unloading	Material loading/unloading	106.261	N/A
existing	N/A	Caustic scrubber	Vent control	N/A	86173
existing	FL1	Flare	Vent control	106.492	86173

ATTACHMENT A
EMISSION CALCULATIONS

Port Arthur Chemical & Environmental Services, LLC
Naphthenic Caustic Oil Process
SUMMARY OF EMISSIONS AND PBR APPLICABILITY DOCUMENTATION

PBR 106.472

Chemical	Storage		Load		Total	
	lb/hr	TPY	lb/hr	TPY	lb/hr	TPY
Sodium Sulfide	0.0018	0.0001			0.0018	0.0001
Sodium Hydroxide	0.0061	0.0003			0.0061	0.0003
Water	0.0304	0.0021	0.0083	0.0006	0.0387	0.0027
Neutralization salts	0.0000	0.0000	0.0024	0.0002	0.0024	0.0002
Sulfuric Acid	0.0002	0.0000			0.0002	0.0000

PBR 106.492 Flare Combustion

NOX		0.3831	1.6781	VOC
CO		0.7649	3.3501	
Propane		1.3843	6.0632	

PBR 106.261

Chemical	Storage & Load		Fugitives		Total	
	lb/hr	TPY	lb/hr	TPY	lb/hr	TPY
Naphthenic Acid	0.0413	0.0027	0.1900	0.8322	0.2313	0.8349

6.90 VOC Total

PBR Compliance

Chemical	Applicable PBR	TLV mg/m ³	PBR Allowable		PBR Compliance	
			lb/hr	TPY	lb/hr	TPY
Naphthenic Acid	106.261	N/A	1.0	4.4	YES	YES
Propane	106.261	N/A	6.0	10.0	YES	YES

EPAHQ043000948

Port Arthur Chemical & Environmental Services, LLC
TANK EMISSION CALCULATIONS

	Tank ID:	T11	T4	T12
	Material:	Naphthenic Caustic	Sulfuric Acid	Naphthenic Acid
Annual Throughput, gal/yr	Q =	351,000	35,100	70,200
Max Hourly Transfer Rate, gal/hr	FR =	2,000	4,000	500
Emissions:				
Maximum Hourly Emissions, lb/hr	Lmax =	0.06146	0.00015	0.01536
Total Annual Emissions, TPY	Lt =	0.00310	0.00000	0.00189
Annual Average Hourly Emis, lb/hr	Lavg =	0.001	0.000	0.000
Standing loss, lb/yr	Ls =	0.125	0.001	2.571
Working loss, lb/yr	Lw =	6.073	0.000	1.215
Material Properties:				
Molecular Weight, lb/lb-mole	Mv =	300.00	98.07	300.00
Vapor Pressure @ Tia, psia	Pva =	0.12	0.00	0.12
Vapor Pressure @ Tin, psia	Pvn =	0.10	0.00	0.10
Vapor Pressure @ Tix, psia	Pvx =	0.14	0.00	0.14
Max. Vapor Pressure @ mTix, psia	Pvmax =	0.22	0.00	0.22
Tank Properties:				
Vapor control device		flare	none	flare
Vapor control efficiency, % [scrub + flare]	e =	98	0	98
Vapor Balance efficiency, tank filling	VBe =	0	0	0
Capacity volume, gal	Cv =	15,039	8,460	15,039
Shell Diameter, ft	D =	8.0	6.0	8.0
Shell Height/Length, ft	Hs =	40.0	40.0	40.0
Tank Orientation (vertical or horizontal)		vert	horiz	horiz
Roof type (cone or dome)		cone	N/A	N/A
Tank Color (white, light gray, other)		white	white	white
Solar absorbance factor	a =	0.17	0.17	0.17
Pressure vent setting, psig	Pbp =	0.3	0	0
Vacuum vent setting, psia	Pbv =	-0.3	0	0
Effective diameter, ft	De =	8.0	17.5	20.2
Avg. Liquid Height, ft	Hi =	20.0	3.0	4.0
Max. Liquid Height, ft	Hlx =	40.0	6.0	8.0
Roof Outage, ft	Hro =	0.00	0.00	0.00
Vapor Space Outage, ft	Hvo =	20.00	3.00	4.00
Vapor space volume, ft ³	Vv =	1005.31	720.37	1280.65
Operating Conditions (Houston, Tx):				
Atmospheric pressure, psia	Pa =	14.7	14.7	14.7
Annual Avg. Daily solar insulation factor, Btu/ft ² de	I =	1351	1351	1351
Annual Avg. Daily max. ambient temp, R	Tax =	539.1	539.1	539.1
Annual Avg. Daily min. ambient temp, R	Tan =	517.4	517.4	517.4
Annual Avg. Daily vapor temp. range, R	^Tv =	22.1	22.1	22.1
Annual Daily avg. liquid surface temp, R	Tia =	530.1	530.1	530.1
Annual Avg. Daily min. liquid surface temp., R	Tin =	524.6	524.6	524.6
Annual Avg. Daily max. liquid surface temp., R	Tix =	535.6	535.6	535.6
Highest Month Daily solar insulation factor, Btu/ft ²	mi =	1898	1898	1898
Highest Month Daily max. ambient temp, R	mTax =	553.6	553.6	553.6
Highest Month Daily min. ambient temp, R	mTan =	532.5	532.5	532.5
Highest Month Daily vapor temp. range, R	m^TV =	24.2	24.2	24.2
Highest Month Daily max. liquid surface temp., R	mTix =	551.7	551.7	551.7
Gas Constant, psia-ft ³ /lb mole-R	R =	10.73	10.73	10.73
Vapor Density, lb/ft ³	Wv =	0.006	0.000	0.006
Daily vapor pressure range, psia	^Pv =	0.037	0.000	0.037
Vapor space expansion factor	Ke =	0.003	0.042	0.044
Vented vapor saturation factor	Ks =	0.886	1.000	0.975
Working Loss Product Factor	Kp =	1.00	1.00	1.00
Turnovers	N =	23.34	4.15	4.67
Turnover factor	Kn =	1.00	1.00	1.00
Operating Days, days/yr	Days =	365	365	365

note: assume worst case by using 100% Naphthenic acid properties for the process tanks.

EPAHO043000949

LOADING LOSS EMISSIONS

		T12	Load
Material:		Naphthenic Acid	Wastewater
EPN:		LDR-001	LDR-001
Annual Throughput, gal/yr	Th =	70,200	666,900
Max Hourly Fill Rate, gal/hr	FR =	500	4,000
Emissions:			
Maximum Hourly Emissions, lb/hr	II =	0.0057	0.007979
Annual Emissions, TPY	LL =	0.0004	0.000586
Filling loss, lb/hr			
II = [(12.46 x ((S x VPx x MW) / Tx) / 1000) x FR x (c/100) x (1-e/100)]			
Loading loss, TPY			
LL = [(12.46 x ((S x VPx x MW) / Ta) / 1000) x Th x (c/100) x (1-e/100)] / 2000			
Material Properties:			
Molecular Weight, lb/lb-mole	Mv =	300.00	18.47
Vapor Pressure @ Tlx, psia	Pvx =	0.14	0.40
Vapor Pressure @ Tla, psia	Pva =	0.12	0.34
Vapor control device		flare	none
Capture efficiency, %	c =	100	100
Vapor control efficiency, %	e =	98	98
Max Liquid Temp., R	Tlx =	551.67	551.67
Averag Liquid Temp., R	Tla =	530.08	530.08
Saturation Factor	S =	0.6	0.6

Loading Sum	TOTAL	
EPN	lb/hr	TPY
LDR-001	0.01371	0.00798

Speciation

TOTAL		
	lb/hr	TPY
Naphthenic Acid	0.0029	0.0002
Water	0.0083	0.0006
Neutralization salts	0.0024	0.0002

Port Arthur Chemical & Environmental Services, LLC
FUGITIVE EMISSION ESTIMATES

MATERIAL	FIN	VP (psia)	Liquid wt frac.	Stream Type LL,HL,G/V	Valves	lbs/hr	Flanges	lbs/hr	Gas/Vapor		Pumps	lbs/hr	Total lb/hr	EMISSIONS	
									Valves	lbs/hr				(lb/hr)	(ton/yr)
Naphthenic Acid	T11	0.72861	1.0000	LL	20	0.07	50	0.025	2	0.0178	2	0.0772	0.1900	0.1900	0.8322

Speciation	Total	
	lb/hr	TPY
Naphthenic Acid	0.1900	0.8322

Monitoring is performed in accordance with TCEQ AVO.

SOCMI Factors	Valves	Flanges	G/V/V	G/V Flng	Pumps	Relief Vlv	Agitato
Light Liquid (LL)	0.0035	0.0005	--	--	0.0386	--	0.0005
Gas / Vapor (G/V)	--	--	0.0089	0.0029	--	0.2293	--
Heavy Liquid (HL)	0.0007	0.00007	--	--	0.0161	--	0.00007

* Per TCEQ guidance, fugitive emissions are not estimated for materials with vapor pressure < 0.002 psia.

Port Arthur Chemical & Environmental Services, LLC
Flare Combustion Calculation

COMBUSTION

132	112.35	0.33	19.65	scfm
	vent gas	pilot gas	Propane	
			8.66	ft3/lb
heat	0	2,316	2,316	Btu/scf
flow	6,741	20	1,179	scf/hr
rate	59,051,160	173,448	10,328,040	scf/year

	Factor lb/MMBtu	NOx TPY	NOx lb/hr	Factor lb/MMBtu	CO TPY	CO lb/hr	VOC (propane)TPY	VOC (propane) lb/hr
Vent Gas	0.1380	0.000	0.000	0.2755	0.000	0.000	0.000	0.000
Pilot Gas	0.1380	0.028	0.006	0.2755	0.055	0.013	0.100	0.023
Supplemental Gas	0.1380	1.650	0.377	0.2755	3.295	0.752	5.963	1.361
Total	N/A	1.678	0.383	N/A	3.350	0.765	6.063	1.384

Flare Destruction/Removal Efficiency and Emission Factors are based on TCEQ Technical Guidance for Chemical Sources: Flares and Vapor Oxidizers: RG-109 October 2000 for high Btu non-steam assisted flares.

Pilot Gas Sample calculation:

$$\text{NOx ton/yr: } (2,316 \text{ Btu/lb}) * (173,448 \text{ lb/MMBtu}) / 1000000 * (0.1380 \text{ lb/yr}) / 2000 = 0.028 \text{ tpy}$$

$$\text{NOx lb/hr: } (2,316 \text{ Btu/lb}) * (20 \text{ lb/MMBtu}) / 1000000 * (0.1380 \text{ lb/yr}) = 0.006 \text{ lb/hr}$$

³TCEQ Technical Flare Guidance states in Table 4 Flare Factors - PM emission factor is none.

Propane Sample Calculation:

$$\text{Propane ton/yr } (10,328,040 \text{ cf/hr}) / (8.66 \text{ cf/lb}) * (100 - 99) / 100 / 2000 = 5.963 \text{ TPY}$$

$$\text{Propane lb/hr } (1,179 \text{ cf/hr}) / (8.66 \text{ cf/lb}) * (100 - 99) / 100 = 1.361 \text{ lb/hr}$$

Storage Tanks

Tank ID	TYPE FXR or IFR	Orientation vert./horiz.	Roof Type cone/dome	Shell Color	Solar Absorptance factor	Shell Diameter (ft)	Shell Height/Length (ft)	Calculated Capacity (gal)	Fill/Withdraw Rate (gal/hr)	Batch 4,500 gallons	Annual Rate gal /year		
T11	FXR	vert.	cone	white	0.17	8	40	15,039	4,000	4,500	702,000	T11	Naphthenic Caustic
T4	FXR	horiz	N/A	white	0.17	6	40	8,460	4,000	225	35,100	T4	Sulfuric Acid
T12	FXR	horiz	N/A	white	0.17	8	40	15,039	500	450	70,200	T12	Naphthenic Acid
Load	FXR	horiz	N/A	white	0.17	10	70	41,123	4,000	4,275	666,900	Load	Wastewater
										batch per year	156		

note: 3 batch per week, 52 weeks per year

Port Arthur Chemical & Environmental Services, LLC
Naphthenic Caustic Oil Process

Material
Naphthenic Caustic
Constituents

MW (lb/lb mole)	Antoine Constants			Density (lb/gal)	Conc. wt %	STORAGE								STORAGE					
						ANNUAL			ANNUAL			MAXIMUM HOURLY		MAXIMUM HOURLY					
	A	B	C			Liquid moles	Liquid mole frac	Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.	Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.		
300	7.11	1563.28	247.06	8.2	50.00	0.1667	0.0664	0.0246	0.0210	0.0286	21.3776	0.5612	--	--	0.0436	21.378	0.5612		
78	0	9999	1	11	3.00	0.0384	0.0153	0.0000	0.0000	0.0000	0.0000	0.0000	--	--	0.0000	0.000	0.0000		
40	0	9999	1	18.09	10.00	0.2500	0.0996	0.0000	0.0000	0.0000	0.0000	0.0000	--	--	0.0000	0.000	0.0000		
18	6.93897	1326.48	214.31	8.34	37.00	2.0556	0.8187	0.3200	0.2697	0.3780	16.7173	0.4388	--	--	0.6001	16.717	0.4388		
					100.0	2.5	1.0	0.3	0.3	0.4	38.1	1.0	0.0	0.0	0.6	38.1	1.0		
					Total	Total	Total	Pva	Pvn	Pvx	Mv	Total	Pva	Pvn	Pvx	Mv	Total		

Constituents
Sulfuric Acid

MW (lb/lb mole)	Antoine Constants			Density (lb/gal)	Conc. wt %	ANNUAL						MAXIMUM HOURLY					
	A	B	C			Liquid moles	Liquid mole frac	Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.	Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.
98.07	10.468	4145.84	273.15	15.27	100	1.0197	1.0000	0.0000	0.0000	0.0000	98.0700	1.0000	--	--	0.0000	98.070	1.0000
					100	1.0197	1.0000	0.0000	0.0000	0.0000	98.0700	1.0000	0.0000	0.0000	0.0000	98.070	1.0000
					Total	Total	Total	Pva	Pvn	Pvx	Mv	Total	Pva	Pvn	Pvx	Mv	Total

Hold Tank
Constituents

MW (lb/lb mole)	Antoine Constants			Density (lb/gal)	Conc. wt %	Liquid moles	Liquid mole frac	ANNUAL						MAXIMUM HOURLY					
	A	B	C					Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.	Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.		
300	7.11	1563.28	247.06	8.2	50.00	0.1667	0.0566	0.0209	0.0179	0.0244	16.1181	0.4862	--	--	0.0372	16.118	0.4862		
18	6.93897	1326.48	214.31	8.34	50.00	2.7778	0.9434	0.3687	0.3108	0.4355	17.0329	0.5138	--	--	0.6914	17.033	0.5138		
					100.0	2.94444	1.00000	0.38963	0.32868	0.45989	33.15100	1.00000	0.00000	0.00000	0.72861	33.15100	1.00000		
					Total	Total	Total	Pva	Pvn	Pvx	Mv	Total	Pva	Pvn	Pvx	Mv	Total		

use for worst case

T11

T12

Constituents
Naphthenic Acid

MW (lb/lb mole)	Antoine Constants			Density (lb/gal)	Conc. wt %	LOAD											
						ANNUAL											
	A	B	C			Liquid moles	Liquid mole frac	Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.	Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.
300	7.11	1563.3	247.1	8.2	100.00	0.3333	0.3269	0.1211	0.1037	0.1409	300.0000	3.0590	--	--	0.2151	300.000	3.0590
					100	0.3333	0.3269	0.1211	0.1037	0.1409	300.0000	3.0590	0.0000	0.0000	0.2151	300.000	3.0590
					Total	Total	Total	Pva	Pvn	Pvx	Mv	Total	Pva	Pvn	Pvx	Mv	Total

Wastewater
Constituents
Neutralization salts
Naphthenic Acid
Water

MW (lb/lb mole)	Antoine Constants			Density (lb/gal)	Conc. wt %	ANNUAL								MAXIMUM HOURLY					
	A	B	C			Liquid moles	Liquid mole frac	Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.	Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.		
50	0	9999	1	12.72	30.00	0.6000	0.1368	0.0000	0.0000	0.0000	0.0000	0.0000	--	--	0.0000	0.000	0.0000		
300	7.11	1563.3	247.1	8.2	2.00	0.0067	0.0015	0.0006	0.0005	0.0007	0.5011	0.0271	--	--	0.0010	0.501	0.0271		
18	6.93897	1326.48	214.31	8.34	68.00	3.7778	0.8616	0.3367	0.2838	0.3978	17.9899	0.9729	--	--	0.6315	17.970	0.9729		
					100.00	4.3844	1.0000	0.3373	0.2843	0.3984	18.4710	1.0000	0.0000	0.0000	0.6325	18.471	1.0000		
					Total	Total	Total	Pva	Pvn	Pvx	Mv	Total	Pva	Pvn	Pvx	Mv	Total		

ATTACHMENT B
MATERIAL SAFETY DATA SHEETS

Naphthenic Acid

Material Safety Data Sheet

<u>Section</u>	<u>Title</u>	<u>Section</u>	<u>Title</u>
1 -	Company and Product Identification	9 -	Physical and Chemical Properties
2 -	Composition, Information on Ingredients	10 -	Stability and Reactivity
3 -	Hazards Identification	11 -	Toxicological Information
4 -	First Aid Measures	12 -	Ecological Information
5 -	Fire Fighting Measures	13 -	Disposal Considerations
6 -	Accidental Release Measures	14 -	Transport Information
7 -	Handling and Storage	15 -	Regulatory Information
8 -	Exposure Controls and Personal Protection	16 -	Other Information

SECTION 1. Company and Product Identification

- 1.1 MSDS Name:** Naphthenic Acid
- Chemical Name:** Naphthenic Acid
- Synonyms:** Sunaptic Acid B and Sunaptic Acid C
- Chemical Formula:** RCOOH
- Molecular Weight:** 200-350-Mixture
- CAS Number:** 1338-24-5
- EINECS Number:** 215-662-8
- 1.2 Supplier:** Port Arthur Chemical & Environmental Services, LLC
2420 South Gulfway Drive
Port Arthur, TX 77640
713-416-4160
- 1.4 Emergency Contact:** Bo Cumberland 713-416-4160
CHEMTREC 800-424-9300

SECTION 2. Composition and Information on Ingredients

2.1 Chemical Ingredients (% by wt):

CAS #	Chemical Name	Percent	EINECS / ELINCS
1338-24-5	Napthenic Acid	ca. 100	215-662-8

Naphthenic Acid

Material Safety Data Sheet

SECTION 3. Hazards Identification

3.1 Appearance: Clear Light Yellow Viscous Liquid.

Caution! May cause eye and skin irritation. May cause respiratory and digestive tract irritation. The toxicological properties of this material have not been fully investigated.

Target Organs: No data found.

3.2 Eyes: May cause eye irritation.

3.4 Skin: May cause skin irritation.

3.5 Ingestion: May cause irritation of the digestive tract. The toxicological properties of this substance have not been fully investigated.

3.6 Inhalation: May cause respiratory tract irritation. The toxicological properties of this substance have not been fully investigated.

3.7 Chronic: No information found.

SECTION 4. First Aid Measures

4.1 Eyes: Flush eyes with plenty of water for at least 15 minutes, occasionally lifting the upper and lower eyelids. Get medical aid immediately.

4.2 Skin: Get medical aid immediately. Immediately flush skin with plenty of water for at least 15 minutes while removing contaminated clothing and shoes.

4.3 Ingestion: Never give anything by mouth to an unconscious person. Do NOT induce vomiting. If conscious and alert, rinse mouth and drink 2-4 cupfuls of milk or water. Get medical aid if irritation or symptoms occur.

4.4 Inhalation: Remove from exposure and move to fresh air immediately. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical aid if cough or other symptoms appear.

4.5 Notes to Physician: Treat symptomatically and supportively.

Naphthenic Acid

Material Safety Data Sheet

SECTION 5. Fire Fighting Measures

- 5.1 General Information:** As in any fire, wear a self-contained breathing apparatus in pressure-demand, MSHA/NIOSH (approved or equivalent), and full protection gear. During a fire, irritating and highly toxic gases may be generated by thermal decomposition or combustion. Vapors may be heavier than air. They can spread along the ground and collect in low or confined areas.
- 5.2 Extinguishing Media:** Water may be ineffective. Use agent most appropriate to extinguish fire. Use water spray, dry chemical, carbon dioxide, or appropriate foam.
- 5.3 Flash Point:** 149 deg C (300.20 deg F)
- 5.4 Auto-ignition Temperature:** Not Applicable
- 5.5 Exposure Limits, Lower:** 1%
- 5.6 Upper:** Not Available
- 5.7 NFPA Rating:** (estimated) Health:0; Flammability:0; Instability: 0
-

SECTION 6. Accidental Release Measures

- 6.1 General Information:** Use proper personal protective equipment as indicated in Section 8 (below).
- 6.2 Spills and Leaks:** Absorb spill using an absorbent, non-combustible material such as earth, sand, or vermiculite. Do NOT use combustible materials such as sawdust. Provide ventilation.
-

SECTION 7. Handling and Storage

- 7.1 Handling:** Wash thoroughly after handling. Remove contaminated clothing and wash before reuse. Use with adequate ventilation. Avoid contact with eyes, skin, and clothing. Keep container tightly closed. Avoid ingestion and inhalation.
- 7.2 Storage:** Store in a tightly closed container. Store in a cool, dry, well-ventilated area away from incompatible substances.
-

Napthenic Acid

Material Safety Data Sheet

SECTION 8. Exposure Controls and Personal Protection

8.1 Engineering Controls: Facilities storing or utilizing this material should be equipped with an eyewash facility and a safety shower. Use adequate ventilation to keep airborne concentrations low.

8.2 Exposure Limits:

Chemical Name	ACGIH	NIOSH	OSHA – Final PELs
Napthenic Acid	None Listed	None Listed	None Listed

8.3 OSHA Vacated PELs: Napthenic Acid: No OSHA Vacated PELs are listed for this chemical.

8.4 Personal Protection Equipment:

- **Eyes:** Wear appropriate protective eyeglasses or chemical safety goggles as described by OSHA's eye and face protection regulations in 29 CFR 1910.133 or European Standard EN166.
- **Skin:** Wear appropriate protective gloves to prevent skin exposure.
- **Clothing:** Wear appropriate protective clothing to prevent skin exposure.
- **Respirators:** A respiratory protection program that meets OSHA'S 29 CFR 1910.134 and ANSI Z88.2 requirements or European Standard EN 149 must be followed whenever workplace conditions warrant respirator use.

SECTION 9. Physical and Chemical Properties

9.1 Physical State: Viscous Liquid

9.2 Appearance: Clear Light Yellow

9.3 Odor: None Reported

9.4 pH: Not Available

9.5 Vapor Pressure: Very Low

9.6 Vapor Density: Not Available

9.7 Evaporation Rate: Not Available

Naphthenic Acid

Material Safety Data Sheet

SECTION 9. Physical and Chemical Properties CONTINUED

- 9.8 Viscosity:** 25 deg C ST
- 9.9 Boiling Point:** 160.0 – 198.0 deg C @ 6.00mm
- 9.10 Freezing and Melting Point:** Not Available
- 9.11 Decomposition Temperature:** Not Available
- 9.12 Solubility:** Not Available
- 9.13 Specific Gravity and Density:** 0.982 g/cm³
- 9.14 Molecular Formula:** Not Applicable
- 9.15 Molecular Weight:** Not Available
-

SECTION 10. Stability and Reactivity

- 10.1 Chemical Stability:** Stable under normal temperatures and pressures.
- 10.2 Conditions to Avoid:** Incompatible materials, strong oxidants.
- 10.3 Incompatibilities with Other Materials:** Metals, strong oxidizing agents.
- 10.4 Hazardous Decomposition Products:** Carbon monoxide, carbon dioxide.
- 10.5 Hazardous Polymerization:** Has not been reported.
-

SECTION 11. Toxicological Information

- 11.1 RTECS #:**
- 11.2 CAS #:** 1338-24-5: QK8750000
- 11.3 LD50 AND LC50:**
- 11.4 Oral:** Rat: LD50 = 3gm/kg
- 11.5 Carcinogenicity:** CAS# 1338-24-5: Not listed by ACGIH, IARC, NTP, or CA Prop 65.

Naphthenic Acid

Material Safety Data Sheet

SECTION 11. Toxicological Information CONTINUED

11.6 Epidemiology: No information found

11.7 Teratogenicity: No information found

11.8 Reproductive Effects: No information found

11.9 Mutagenicity: No information found

11.10 Neurotoxicity: No information found

SECTION 12. Ecological Information

No Information Available

SECTION 13. Disposal Considerations

Chemical waste generators must determine whether a discarded chemical is classified as a hazardous waste. US EPA guidelines for the classification determination are listed in 40 CFR Parts 261.3. Additionally, waste generators must consult state and local hazardous waste regulations to ensure complete and accurate classification.

RCRA P-Series: None Listed

RCRA U-Series: None Listed

SECTION 14. Transportation Information

	U.S. DOT	Canada TDG
Shipping Name:	Not Regulated as a Hazardous Material	No Information Available
Hazard Class:	9137	
UN Number:		
Packing Group:		

SECTION 15. Regulatory Information

U.S. Federal

15.1 TSCA: CAS# 1338-24-5 is listed on the TSCA inventory.

15.2 Health and Safety Reporting List: None of the chemicals are on the Health & Safety Reporting List.

Naphthenic Acid

Material Safety Data Sheet

SECTION 15. Regulatory Information CONTINUED

- 15.3 Chemical Test Rules:** None of the chemicals in this product are under a Chemical Test Rule.
- 15.4 Section 12b:** None of the chemicals are listed under TSCA Section 12b.
- 15.5 TSCA Significant New Use Rule:** None of the chemicals in this material have a SNUR under TSCA.
- 15.6 CERCLA Hazardous Substances and Corresponding RQs:** CAS# 1338-24-5: 100 lb final RQ; 45.4 kg final RQ.
- 15.7 SARA Section 302 Extremely Hazardous Substances:** None of the chemicals in this product have a TPQ.
- 15.8 Section 313:** No chemicals are reported under Section 313.
- 15.9 Clean Air Act:** This material does not contain any hazardous air pollutants.
This material does not contain any Class 1 Ozone depleters.
This material does not contain any Class 2 Ozone depeletors.
- 15.10 Clean Water Act:** CAS# 1338-24-5 is listed as a Hazardous Substance under the CWA. None of the chemicals in this product are listed as Priority Pollutants under the CWA. None of the chemicals in this product are listed as toxic Pollutants under the CWA.
- 15.11 OSHA:** None of the chemicals in this product are considered highly hazardous by OSHA.
- 15.12 State:** CAS# 1338-24-5 can be found on the following state right to know lists: California, New Jersey, Pennsylvania, Massachusetts.
- 15.13 California Prop 65:** California No Significant Risk Level: None of the chemical in this product are listed.
- 15.14 European / International Regulations:** European Labeling in Accordance with EC Directives.
- 15.15 Hazard Symbols:** Not Available
- 15.16 Risk Phrases:**
- 15.17 Safety Phrases:** S 24/25 Avoid contact with skin and eyes.

Naphthenic Acid

Material Safety Data Sheet

SECTION 15. Regulatory Information CONTINUED

15.18 WGK (Water Danger/Protection): CAS# 1338-24-5: 1

15.19 Canada – DSL/NDSL: CAS# 1338-24-5 is listed on Canada's DSL List.

15.20 Canada – WHMIS: Not Available. This product has been classified in accordance with the hazard criteria of the Controlled Products Regulations and the MSDS contains all of the information required by those regulations.

15.21 Canadian Ingredient Disclosure List: No Information Listed

SECTION 16. Additional Information

MSDS Creation Date: November 7, 2008

<p>THE INFORMATION PUBLISHED IN THIS MATERIAL SAFETY DATA SHEET HAS BEEN COMPILED FROM OUR EXPERIENCE AND OSHA, ANSI, NFPA, DOT, ERG AND CHRIS. IT IS THE USER'S RESPONSIBILITY TO DETERMINE THE SUITABILITY OF THIS INFORMATION FOR THE ADOPTION OF NECESSARY SAFETY PRECAUTIONS. WE RESERVE THE RIGHT TO REVISE THE MATERIAL SAFETY DATA SHEET PERIODICALLY AS NEW INFORMATION BECOMES AVAILABLE.</p>

Material Safety Data Sheet

WEAK Naphthenic CAUSTIC

SOLUTION

- SECTION 1 – Chemical Product and Company Identification
 - SECTION 2 – Composition, Information on Ingredients
 - SECTION 3 – Hazards Identification
 - SECTION 4 – First Aid Measures
 - SECTION 5 – Fire Fighting Measures
 - SECTION 6 – Accidental Release Measures
 - SECTION 7 – Handling and Storage
 - SECTION 8 – Exposure Controls and Personal Protection
 - SECTION 9 – Physical and Chemical Properties
 - SECTION 10 – Stability and Reactivity
 - SECTION 11 – Toxicological Information
 - SECTION 12 – Ecological Information
 - SECTION 13 – Disposal Considerations
 - SECTION 14 – Transport Information
 - SECTION 15 – Regulatory Information
 - SECTION 16 – Other Information
-

SECTION 1 – CHEMICAL PRODUCT and COMPANY IDENTIFICATION

- | | | |
|-----|---------------------|--|
| 1.1 | Product Name | Naphthenic Caustic Solution |
| | Chemical Family | Inorganic Salt Solution |
| | Formula | NA (mixture) |
| 1.2 | Manufacturer/Source | Port Arthur Chemical & Environmental Services, LLC.
2420 S. Gulfway Dr
Port Arthur, TX 77640
713-416-4160 |
| 1.3 | Emergency Contact | Bo Cumberland 713-416-4160
CHEMTREC 800-424-9300 |
-

SECTION 2 – COMPOSITION and INFORMATION ON INGREDIENTS

2.1 Chemical Ingredients (% by wt)

<u>Typical Analysis</u>		
Sodium Sulfide (Na ₂ S)	CAS#: 1313-82-2	0 – 4%
Sodium Hydroxide (NaOH)	CAS#: 1310-73-2	0 – 11%
Naphthenic Acid		0- 5%
Water		remaining %

SECTION 3 – HAZARDS IDENTIFICATION

NFPA: Health – 3

Flammability – 0

Reactivity – 1

EMERGENCY OVERVIEW

Warning: Solution is highly alkaline.

May evolve small amounts of hydrogen sulfide, a highly toxic gas.

EYE contact will cause marked eye irritation and possible corneal damage.

SKIN contact will result in irritation and possible corrosion of the skin.

INGESTION will irritate and burn the mouth, throat and the gastrointestinal tract; contact with stomach acid will cause hydrogen sulfide vapors to be released.

HEATING or **ACID** contact will cause hydrogen sulfide gas to evolve.

3.1 POTENTIAL HEALTH EFFECTS

EYE: Contact with the eyes will cause marked eye irritation and possibly severe corneal damage.

SKIN CONTACT: Contact with the skin will cause skin irritation or a burning sensation. Prolonged contact will result in corrosion of the skin.

SKIN ABSORPTION: Absorption is unlikely to occur.

INGESTION: Ingestion will result in severe burning and corrosion of mouth, throat and the gastrointestinal tract. If the ingested material contacts stomach acid, highly toxic hydrogen sulfide gas will be evolved.

INHALATION: Product solution and vapors may contain a small amount of hydrogen sulfide gas in ppm. Exposure to this gas causes headaches, nausea, dizziness and continued exposure can lead to loss of consciousness and death.

CHRONIC EFFECTS – CARCINOGENICITY: Not listed as a carcinogen by NTP, IARC or OSHA.

SECTION 4 – FIRST AID MEASURES

4.1 **EYES:** Immediately flush with large quantities of water for 15 minutes. Hold eyelids apart during irrigation to insure thorough flushing of the entire area of the eye. Obtain immediate medication.

4.2 **SKIN:** Immediately flush with large quantities of water. Remove contaminated clothing under a safety shower. Obtain immediate medical attention.

4.3 **INGESTION:** DO NOT INDUCE VOMITING. If victim is conscious, immediately give 2 to 4 glasses of water. If vomiting does occur, repeat fluid administration. Obtain immediate medical attention.

4.4 **INHALATION:** Remove victim from contaminated atmosphere. If breathing is labored, administer oxygen. If breathing has ceased, clear airway and start mouth to mouth resuscitation. If heart has stopped beating, external heart massage should be applied. Obtain immediate medical attention.

SECTION 5 – FIRE FIGHTING MEASURES

5.1 FLAMMABLE PROPERTIES

FLASH POINT: Not Flammable

METHOD USED: NA

5.2 FLAMMABLE LIMITS: Hydrogen Sulfide LFL: 4% UFL: 44%

5.3 EXTINGUISHING MEDIA: Water spray or foam or as appropriate for combustion involved in fire.

5.4 FIRE and EXPLOSIVE HAZARDS: Solution is non-flammable. However if these solutions are exposed to heat or acids, hydrogen sulfide will be released and may form explosive mixtures with air (see above). Keep containers and/or storage vessels in fire area cooled with water spray. Heating may cause the release of some hydrogen sulfide vapors.

5.5 FIRE FIGHTING EQUIPMENT: Because of the possible presence of toxic gases and the corrosive nature of the product, wear self-contained breathing apparatus, positive pressure, MSHA / NIOSH (approved or equivalent) and full protective gear.

SECTION 6 – ACCIDENTIAL RELEASE MEASURES

6.1 SMALL RELEASES: Isolate for 75 feet. Confine area to qualified response personnel. Wear proper Personnel Protective equipment (See Section 8). Confine release material by berming or diverting its path. Absorb on sand, earth or other inert dry absorbent. Do not allow into sewer, storm drains or any waterway. Oxidize residual reactive sulfides with a weak (3-5%) hydrogen peroxide solution to stop the release of any hydrogen sulfide. Remove contaminated soil and dispose of in accordance with all governmental regulations.

6.2 LARGE RELEASES: Activate Emergency Response Plan procedures. Isolate release area for 500 feet. Confine area to qualified response personnel. Wear proper Personnel Protective Equipment (See Section 8). Shut off release, if safe to do so. Dike spill area to prevent runoff into sewers, drains, or surface waterways. Treat remaining material as a small release (See 6.1).

SECTION 7 – HANDLING and STORAGE

7.1 HANDLING: Wear proper protective equipment (See Section 8). Avoid breathing product vapors. Avoid contact with skin and eyes. Use only in a well ventilated area. Dilute product only in enclosed containers. Wash thoroughly after handling.

7.2 STORAGE: Store in well ventilated areas. Do not store combustibles in the area of storage vessels. Keep away from any sources of heat or flame.

SECTION 8 – EXPOSURE CONTROLS and PERSONAL PROTECTION

- 8.1 **RESPIRATORY PROTECTION:** If working near open container or storage vessel opening or open tank truck dome cover, have available self-contained breathing apparatus, positive pressure, MSHA / NIOSH (approved or equivalent), or respirator. Normally, this caustic has a low concentration of sulfides below 10000 ppm, in solution which may not require the use of a respirator.
- 8.2 **SKIN PROTECTION:** Neoprene rubber gloves, pvc rain suit and boots can be worn to prevent contact with the liquid. Wash contaminated clothing prior to reuse. Contaminated leather shoes cannot be cleaned and should be discarded.
- 8.3 **EYE PROTECTION:** Chemical goggles and a full face shield.
- 8.4 **EXPOSURE GUIDELINES:**
- | | OSHA | ACGIH |
|------------------|------------------------|------------------------|
| | <u>TWA</u> <u>STEL</u> | <u>TLV</u> <u>STEL</u> |
| Hydrogen Sulfide | 20 ppm (ceiling) | 10 ppm (ceiling) |
- 8.5 **ENGINEERING CONTROLS:** Use adequate exhaust ventilation to prevent inhalation of product vapors. Where feasible scrub process or storage vessel vapors with caustic solution. Maintain eye wash safety shower in areas where chemical is handled.
-

SECTION 9 – PHYSICAL and CHEMICAL PROPERTIES

- 9.1 **APPEARANCE:** Light to dark brown to green or red liquid.
- 9.2 **ODOR:** Possibly hydrogen sulfide (rotten egg) odor.
- 9.3 **BOILING POINT:** Not Determined
- 9.4 **VAPOR PRESSURE:** Not Determined
- 9.5 **VAPOR DENSITY:** (Air = 1.0) 1.17
- 9.6 **SOLUBILITY IN WATER:** Complete
- 9.7 **SPECIFIC GRAVITY:** 1.03 – 1.3 (8.59 – 10.83 lbs/gal)
- 9.8 **pH:** 11.5 – 13.5
- 9.9 **VOLATILE:** Not Determined
-

SECTION 10 – STABILITY and REACTIVITY

- 10.1 **STABILITY:** This is a stable material.
- 10.2 **HAZARDOUS POLYMERIZATION:** Will not occur.
- 10.3 **HAZARDOUS DECOMPOSITION PRODUCTS:** Heating product may evolve H₂S gas. Fire conditions will cause the production of sulfur dioxide. Hydrogen sulfide (4 – 44%) may form flammable mixtures with air.
-

10.4 INCOMPATIBILITY: Acids will cause the release of highly toxic hydrogen sulfide. Sulfidic caustic solution is not compatible with copper, zinc, aluminum or their alloys (i.e. bronze, brass, galvanized metals, etc.).
(See Section 7.2 Storage)

SECTION 11 – TOXICOLOGICAL INFORMATION

11.1 ORAL: Data not available.

11.2 DERMAL: Data not available.

11.3 INHALATION: INH-RAT LC 50: 444 ppm (hydrogen sulfide)

11.4 CHRONIC and CARCINOGENICITY: No evidence available.

11.5 TERATOLOGY: Data not available.

11.6 REPRODUCTION: Data not available.

11.7 MUTAGENICITY: Data not available.

SECTION 12 – ECOLOGICAL INFORMATION

None Available

SECTION 13 – DISPOSAL CONSIDERATIONS

If released to the environment for other than its intended purpose, this product contains some reactive sulfides but not a sufficient quantity to meet the definition of a D003, hazardous waste. The pH may be high enough to meet the definition of a corrosive waste, D002.

SECTION 14 – TRANSPORT INFORMATION

14.1 DOT SHIPPING NAME: Corrosive liquids, n.o.s.

14.2 DOT HAZARD CLASS: 8

14.3 UN/NA NUMBER: UN1760

14.4 PACKING GROUP: II

14.5 DOT PLACARD: Corrosive

14.6 DOT LABEL(s): Corrosive

14.7 IMO SHIPPING NAME: Sodium Hydroxide Solution

14.8 RQ (REPORTABLE QUANTITY): 1,000 lbs (454 Kg) 100% basis (Approx. 538 gals)

14.9 USCG BARGE CERTIFICATION: SSH (sodium sulfide, hydrosulfide solutions, H₂S 15 ppm or less). SSI (sodium sulfide, hydrosulfide solutions, H₂S greater than 15 ppm but less than 200 ppm).

MSDS Weak Caustic Solution

09/17/07

SECTION 15 – REGULATORY INFORMATION

15.1 OSHA: This product is listed as a hazardous material under criteria of the Federal OSHA Hazard Communication Standard, 29 CFR 1910.1200.

15.2 SARA TITLE III. a. EHS (Extremely Hazardous Substance) List:

b. Sections 311 and 312 (Tier I, II) Categories:

Immediate (acute)	Yes
Fire	No
Sudden Release	No
Reactivity	Yes
Delayed (chronic)	No

c. Section 313 (Toxic Release Report-Form R): No

d. TPQ (Threshold Planning Quantity): No

15.3 CERCLA and SUPERFUND: RQ (Reportable Quantity) 1,000 lbs

15.4 TSCA (Toxic Substance Control Act) Inventory List: Yes

15.5 RCRA (Resource Conservation and Recovery Act) Status: No

15.6 WHMIS (Canada) Hazard Classification: E, D1

15.7 DOT HAZARDOUS MATERIAL: (See Section 14) Yes

15.8 CAA HAZARDOUS AIR POLLUTANT (HAP): No

SECTION 16 – OTHER INFORMATION

REVISIONS: The entire MSDS was reformatted to comply to ANSI Standard Z400.1-1993.

THE INFORMATION PUBLISHED IN THIS MATERIAL SAFETY DATA SHEET HAS BEEN COMPILED FROM OUR EXPERIENCE AND OSHA, ANSI, NFPA, DOT, ERG AND CHRIS. IT IS THE USER'S RESPONSIBILITY TO DETERMINE THE SUITABILITY OF THIS INFORMATION FOR THE ADOPTION OF NECESSARY SAFETY PRECAUTIONS. WE RESERVE THE RIGHT TO REVISE THE MATERIAL SAFETY DATA SHEET PERIODICALLY AS NEW INFORMATION BECOMES AVAILABLE.
--

TCEQ FORMS



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

I. REGISTRANT INFORMATION				
A. TCEQ Customer Reference Number:		CN-	TCEQ Regulated Entity Number:	RN- 105156111
<i>Note: If "NO," CN or RN number was entered above: please fill out the required Core Data Form, which will be available in Step II of the submittal process.</i>				
B. Company or Other Legal Customer Name: Port Arthur Chemical & Environmental Services, LLC				
Company Official Contact Name: Matt Bowman			Title: President	
Mailing Address: 4904 Griggs Road				
City: Houston			State: Texas	Zip Code: 77021
Phone No.: 713-676-1460		Fax No.: 713-676-1676		E-mail Address: mbowman@cesenviormental.com
C. Technical Contact Name: Philip Evans			Title: Director Technical Services	
Company: The WCM Group, Inc.				
Mailing Address: PO Box 3247				
City: Humble			State: Texas	Zip Code: 77347
Phone No.: 281-446-7070		Fax No.: 281-446-3348		E-mail Address: pevans@wcmgroup.com
D. Facility Location Information - Street Address: 2420 Highway 87 South				
<i>If "NO," street address, provide written driving directions to the site: (attach description if additional space is needed)</i>				
City: Houston			County: Jefferson	Zip Code: 77640
II. FACILITY AND SITE INFORMATION				
A. Name and Type of Facility: Port Arthur Chemical & Environmental Services, LLC				<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Portable
B. PBR claimed under 30 TAC § 106 (List all):				
§ 106.261		§ 106.		
§ 106.		§ 106.		
§ 106.		§ 106.		
Are you claiming a historical standard exemption or PBR?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>If "YES," enter effective date and Rule Number:</i>				



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

II. FACILITY AND SITE INFORMATION (continued)			
C. Is there a previous Standard Exemption or PBR for the facility in this registration? (Attach details regarding changes.)			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter Registration Number and Rule Number:			
D. Are there any other facilities at this site which are authorized by an Air Standard Exemption or PBR?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter Registration Number and Rule Number:			
E. Are there any other air preconstruction permits at this site?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If "YES," enter Permit Numbers:		86587	
Are there any other air preconstruction permits at this site that would be directly associated with this project?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," enter Permit Numbers:			
F. Is this facility located at a site which is required to obtain a federal operating permit pursuant to 30 TAC Chapter 122?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> To be determined
If the site currently has an existing federal operating permit, enter the permit number:			
Identify the requirements of 30 TAC Chapter 122 that will be triggered if this certification is accepted.			
<input type="checkbox"/> Initial Application for an FOP		<input type="checkbox"/> Significant Revision for an SOP	
<input type="checkbox"/> Operational Flexibility/off Permit Notification for an SOP		<input type="checkbox"/> Minor Revision for an SOP	
<input type="checkbox"/> Revision for GOP		<input type="checkbox"/> To be Determined	
<input checked="" type="checkbox"/> None			
Identify the type(s) issued and/or FOP application(s) submitted/pending for the site. (Check all that apply)			
<input type="checkbox"/> SOP		<input type="checkbox"/> GOP	
<input type="checkbox"/> GOP application/revision application: Submitted or under APD review.		<input type="checkbox"/> SOP application/revision application: submitted or under APD review.	
<input type="checkbox"/> N/A			
G. TCEQ Account Identification Number (if known):			
III. FEE INFORMATION			
To determine if a fee is required answer the following question. If "YES," to question III. A., a fee is not required, skip to Section IV. If "NO," to answer II. A., then go to Section III. B. See Section VI. for address to send fee or go to www2.tceq.state.tx.us/epay to pay online.			
A. Is this registration an update to a previously registered facility and accompanied by a Certification Form solely to establish a federally enforceable emission limit?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. What is the fee amount?			

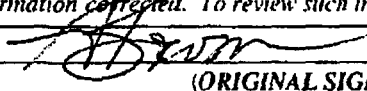


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Certification and Registration for Permits by Rule

III. FEE INFORMATION (continued)			
<i>If "YES," to any of the following three questions, a \$100 fee is required. Otherwise, a \$450 fee is required.</i>			
Does this business have less than 100 employees?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Does this business have less than 6 million dollars in annual gross receipts?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Is this registration submitted by a governmental entity with a population of less than 10,000?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. Check/Money Order or Transaction Number (Payable to TCEQ):		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Was fee Paid online? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Company name of check: The WCM Group Inc.		Fee amount:	\$ 100
IV. SELECTED FACILITY REVIEWS ONLY—TECHNICAL INFORMATION			
<i>Note: If claiming one of the following PBRs, complete this section, then skip to Section VI, "Submitting your registration" below:</i>			
<i>Animal Feeding Operations § 106.161, Livestock Auction Facilities § 106.162, Saw Mills § 106.223, Grain Handling, Storage and Drying § 106.283, Auto Body Refinishing Facilities § 106.436, and Air Curtain Incinerator § 106.496</i>			
A. Is the applicable PBR checklist attached which shows the facility meets all general and specific requirements of the PBR(s) being claimed? (If submitting electronically, click "YES.")			<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Distance from this facility's emission release point to the nearest property line:		feet	
Distance from this facility's emission release point to the nearest off-property structure:		feet	
V. TECHNICAL INFORMATION INCLUDING STATE AND FEDERAL REGULATORY REQUIREMENTS <i>Registrants must be in compliance with all applicable state and federal regulations and standards to claim a PBR.</i>			
A. Is confidential information submitted and properly marked "CONFIDENTIAL" with this registration?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. Is a process flow diagram or a process description attached?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. Are emissions data and calculations for this claim attached?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
D. Is information attached showing how the general requirements (30 TAC § 106.4) of the PBR is met for this Registration? (PBR checklists may be used, but are optional)			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<i>Note: Please be reminded that if the facilities listed in this registration are subject to the Mass Emissions Cap & Trade program under 30 TAC Chapter 101. Subchapter H, Division 3, the owner/operator of these facilities must possess NO_x allowances equivalent to the actual NO_x emissions from these facilities.</i>			
E. Is information attached showing how the specific PBR requirements are met for this registration? (PBR checklist may be used, but are optional)			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
F. Distance from this facility's emission release point to the nearest property line:		200 feet	
Distance from this facility's emission release point to the nearest off-property structure:		250 feet	
<i>Note: In limited cases, a map or drawing of the site and surrounding land use may be requested during the technical review or at the request of the TCEQ Regional Office or local air pollution control program during an investigation.</i>			



Texas Commission on Environmental Quality
Form PI-7-CERT
Certification and Registration for Permits by Rule

VI. SIGNATURE FOR CERTIFICATION AND REGISTRATION		
<p>The signature below indicates that the Responsible Official has knowledge of the facts herein set forth and that the same are true, accurate, and complete to the best of my knowledge and belief. By this signature, the maximum emission rates listed on this certification reflect the maximum anticipated emissions due to the operation of this facility and all representations in this certification of emissions are conditions upon which the facilities and sources will operate. It is understood that it is unlawful to vary from these representations unless the certification is first revised. The signature certifies that to the best of the Responsible Official's knowledge and belief, the project will satisfy the conditions and limitations of the indicated exemption or permit by rule and the facility will operated in compliance with all regulations of the Texas Commission on Environmental Quality and with Federal U.S. Environmental Protection Agency regulations governing air pollution. The signature below certifies that, based on information and belief formed after reasonable inquiry, the statements and information above and contained in the attached document(s) are true, accurate, and complete. If you questions on how to fill out this form or about air quality permits. Please call 512/239-1250. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, call 512/239-3282.</p>		
SIGNATURE:	 (ORIGINAL SIGNATURE REQUIRED)	DATE: 12/3/08
VII. SUBMITTING COPIES OF THE CERTIFICATION AND REGISTRATION		
<p>Copies must be sent as listed below: Processing delays may occur if copies are not sent as noted.</p>		
Who	Where	COPY What
Air Permits Initial Review Team (APIRT)	Regular, Certified, Priority Mail MC161, P.O. Box 13087 Austin, Texas 78711-3087 Hand Delivery, Overnight Mail MC 161, 12100 Park 35 Circle, Building C, Third Floor Austin, Texas 78753 Fax No.: (512) 239-2123 (do not follow fax with paper copies)	Originals Form PI-7, Core Data Form, and all attachments
Revenue Section, TCEQ	Regular, Certified, Priority Mail MC 214, P.O. Box 13088 Austin, Texas 78711-3088 Hand Delivery, Overnight Mail MC 214, 12100 Park 35 Circle, Building A, Third Floor Austin, Texas 78753	Original Money Order or Check Copy of Form PI-7 and Core Data Form
Appropriate TCEQ Regional Office	To find your Regional Office address, go to the TCEQ Web site at www.tceq.state.tx.us , or call (512) 239-1250.	Copy of Form PI-7, Core Data Form, and all attachments.
Appropriate Local Air Pollution Control Program(s)	To Find your local or Regional Air Pollution Control Programs go to the TCEQ, APD Website at www.tceq.state.tx.us/nav/permits/air_permits.html or call (512) 239-1250	Copy of Form PI-7, Core Data Form, and all attachments.

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
AIR PERMITS DIVISION**

TITLE 30 TAC § 106.4 "QUICK-CHECK" APPLICABILITY CHECKLIST

Company Name: Port Arthur Chemical & Environmental Services, LLC

Checklist completed by: The WCM Group, Inc.

Date: December 2008

Facility Type: Chemical production

Permit(s) by rule claimed: 30 TAC Chapter §106: 261

Project Description (including equipment, materials, and brief process description):

Production of Naphthenic oil from Naphthenic caustic solution.

CO	6.65	NO _x	3.33	VOC	< 0.001
PM	0.00	SO ₂	0.23	Other	0.00

The following questions require a "Yes" or "No" answer to be indicated for this permit by rule claim:

A. Title 30 TAC § 106.4(a)(5): Current Permit by Rule Requirements

Yes ☒ No ☐ Have you checked to determine if this exempt project is being claimed under the current version of 30 TAC 106?
If "Yes", continue to next question. If "No", please contact the Air Permits Division for a copy of the current permit by rule to be claimed.

B. Title 30 TAC § 106.4(a)(7): Permit by rule prohibition check

Yes ☐ No ☒ Are there any air permits under the same account containing permit conditions which prohibit or restrict the use of permits by rule?
If "No", continue to next question.
If "Yes", permits by rule may not be used or their use must meet the restrictions of the permit.
A new permit or permit amendment may be required.
List permit number(s): _____

C. Title 30 TAC § 106.4(b): Circumvention check

Title 30TAC§ 106.4(b) states "No person shall circumvent by artificial limitations the requirements of§1 16.110 of this title (covering permitting)." Circumvention by artificial limitations may include but is not limited to:

- A. dividing a complete project into separate segments to circumvent §106.4(a)(1) limits;*
- B. claiming feed or production rates below the physical capacity of the project's equipment in order to begin constructing facilities before a permit or permit amendment is approved for full scale operations, particularly when the unit will not be economically viable at less than permitted capacity;*
- C. claiming a limited chemical list in order to begin constructing facilities before a permit or permit amendment is approved for additional chemicals, particularly when the unit will not be economically viable until the additional chemicals are authorized.*

Yes ☐ No ☒ Does your project meet any of the criteria listed above?
If "No", continue to next rule question. If "Yes", a permit by rule may not be claimed.

D. Title 30 TAC § 106.4(c) and (d): Compliance with all Rules

Yes ☒ No ☐ Will the facility comply with all rules and regulations of the TCEQ, the intent of the Texas Clean Air Act, and any local permitting or registration requirements? *If "Yes", continue to next rule question. If "No", a permit by rule may not be claimed.*

E. Title 30 TAC § 106.4(a)(1): Emission limits check

Yes ☒ No ☐ The maximum emissions from all facilities at the site, including this permit by rule claim, are less than 25 tpy of any contaminant.
If the answer to this questions is "Yes", no further review is needed to complete this checklist. Forward all information needed to verify your permit by rule claim to the . If "No", this checklist cannot be used. Please complete the standard 30 TAC § 106.4 Applicability Checklist.



Title 30 Texas Administrative Code § 106.261 Permit By Rule (PBR) Checklist Facilities (Emission Limitations)

Electronic Submittal - Only enter the PI-7 confirmation number here if submitting electronically.

Hard-Copy Submittal - Print and complete the following checklist.

The following checklist is designed to help you confirm that you meet Title 30 Texas Administrative Code § 106.261 (30 TAC § 106.261) requirements. If you do not meet all the requirements, you may alter the project design or operation in such a way that all the requirements of the PBR are met or you may obtain a construction permit. The PBR forms, tables, checklists and guidance documents are available from the Texas Commission on Environmental Quality (TCEQ), Air Permits Division Web site at, www.tceq.state.tx.us/nav/permits/air_permits.html.

CHECK THE MOST APPROPRIATE ANSWER																																																			
Is a description or checklist of how this claim meets the general requirements for the use of PBRs in 30 TAC § 106.4 attached?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
b1	Is this claim for construction of a facility authorized in another section of this chapter or for which a standard permit is in effect? <i>If "YES," this PBR cannot be used to authorize emissions from the project</i>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A																																																
b2	Is this claim for any change to any facility authorized under another section of this chapter or authorized under a standard permit? <i>If "YES," this PBR cannot be used to authorize emissions from the project</i>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A																																																
a1	Are facilities or changes located at least 100 feet from any recreational area or residence or other structure not occupied or used solely by the owner or operator of the facilities or the owner of the property upon which the facilities are located?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A																																																
a2	Are total new or increased emissions, including fugitives, less than or equal to 6.0 pounds per hour (lb/hr) and ten tons per year of the following materials (check all that apply):		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A																																																
<table border="0"><tbody><tr><td><input type="checkbox"/> acetylene</td><td><input type="checkbox"/> helium</td><td><input type="checkbox"/> propyl ether</td><td><input type="checkbox"/> limestone</td></tr><tr><td><input type="checkbox"/> argon</td><td><input type="checkbox"/> isohexane</td><td><input type="checkbox"/> sulfur dioxide</td><td><input type="checkbox"/> magnesite</td></tr><tr><td><input type="checkbox"/> butane</td><td><input type="checkbox"/> isopropyl alcohol</td><td><input type="checkbox"/> alumina</td><td><input type="checkbox"/> marble</td></tr><tr><td><input type="checkbox"/> crude oil</td><td><input type="checkbox"/> methyl acetylene</td><td><input type="checkbox"/> calcium carbonate</td><td><input type="checkbox"/> pentaerythritol</td></tr><tr><td><input type="checkbox"/> carbon monoxide</td><td><input type="checkbox"/> methyl chloroform</td><td><input type="checkbox"/> calcium silicate</td><td><input type="checkbox"/> plaster of paris</td></tr><tr><td><input type="checkbox"/> cyclohexane</td><td><input type="checkbox"/> methyl cyclohexane</td><td><input type="checkbox"/> cellulose fiber</td><td><input type="checkbox"/> silicon</td></tr><tr><td><input type="checkbox"/> cyclohexene</td><td><input type="checkbox"/> neon</td><td><input type="checkbox"/> cement dust</td><td><input type="checkbox"/> silicon carbide</td></tr><tr><td><input type="checkbox"/> cyclopentan</td><td><input type="checkbox"/> nonane</td><td><input type="checkbox"/> emery dust</td><td><input type="checkbox"/> starch</td></tr><tr><td><input type="checkbox"/> ethyl acetate</td><td><input type="checkbox"/> oxides of nitrogen</td><td><input type="checkbox"/> glycerin mist</td><td><input type="checkbox"/> sucrose</td></tr><tr><td><input type="checkbox"/> ethanol</td><td><input type="checkbox"/> propane</td><td><input type="checkbox"/> gypsum</td><td><input type="checkbox"/> zinc stearate</td></tr><tr><td><input type="checkbox"/> ethyl ether</td><td><input type="checkbox"/> propyl alcohol</td><td><input type="checkbox"/> iron oxide dust</td><td><input type="checkbox"/> zinc oxide</td></tr><tr><td><input type="checkbox"/> ethylene</td><td><input type="checkbox"/> propylene</td><td><input type="checkbox"/> kaolin</td><td></td></tr></tbody></table>				<input type="checkbox"/> acetylene	<input type="checkbox"/> helium	<input type="checkbox"/> propyl ether	<input type="checkbox"/> limestone	<input type="checkbox"/> argon	<input type="checkbox"/> isohexane	<input type="checkbox"/> sulfur dioxide	<input type="checkbox"/> magnesite	<input type="checkbox"/> butane	<input type="checkbox"/> isopropyl alcohol	<input type="checkbox"/> alumina	<input type="checkbox"/> marble	<input type="checkbox"/> crude oil	<input type="checkbox"/> methyl acetylene	<input type="checkbox"/> calcium carbonate	<input type="checkbox"/> pentaerythritol	<input type="checkbox"/> carbon monoxide	<input type="checkbox"/> methyl chloroform	<input type="checkbox"/> calcium silicate	<input type="checkbox"/> plaster of paris	<input type="checkbox"/> cyclohexane	<input type="checkbox"/> methyl cyclohexane	<input type="checkbox"/> cellulose fiber	<input type="checkbox"/> silicon	<input type="checkbox"/> cyclohexene	<input type="checkbox"/> neon	<input type="checkbox"/> cement dust	<input type="checkbox"/> silicon carbide	<input type="checkbox"/> cyclopentan	<input type="checkbox"/> nonane	<input type="checkbox"/> emery dust	<input type="checkbox"/> starch	<input type="checkbox"/> ethyl acetate	<input type="checkbox"/> oxides of nitrogen	<input type="checkbox"/> glycerin mist	<input type="checkbox"/> sucrose	<input type="checkbox"/> ethanol	<input type="checkbox"/> propane	<input type="checkbox"/> gypsum	<input type="checkbox"/> zinc stearate	<input type="checkbox"/> ethyl ether	<input type="checkbox"/> propyl alcohol	<input type="checkbox"/> iron oxide dust	<input type="checkbox"/> zinc oxide	<input type="checkbox"/> ethylene	<input type="checkbox"/> propylene	<input type="checkbox"/> kaolin	
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<input type="checkbox"/> ethyl ether	<input type="checkbox"/> propyl alcohol	<input type="checkbox"/> iron oxide dust	<input type="checkbox"/> zinc oxide																																																
<input type="checkbox"/> ethylene	<input type="checkbox"/> propylene	<input type="checkbox"/> kaolin																																																	
<input type="checkbox"/> refinery petroleum fractions (except for pyrolysis naphthas and pyrolysis gasoline) containing less than ten volume percent benzene																																																			
<input type="checkbox"/> fluorocarbons Numbers 11, 12, 13, 14, 21, 22, 23, 113, 114, 115, and 116																																																			
a3	Are total new or increased emissions, including fugitives, less than or equal to 1.0 lb/hr of any chemical having a limit value (L) greater than 200 milligrams per cubic meter (mg/m ³) as listed and referenced in Table 262 of 30 TAC § 106.262 of this title (relating to Facilities (Emission and Distance Limitations)? List chemical: _____ L value: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A																																																

<p>Are total new or increased emissions, including fugitives, less than or equal to 1.0 lb/hr of any chemical not listed or referenced in Table 262? List chemical: <u>Naphthenic Acid</u></p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>
<p>Are total new or increased emissions, including fugitives, of a chemical with a limit value of less than 200 mg/m³? If "Yes", the authorization of the chemical is not allowed under this section. We suggest you use 30 TAC §106.262 to authorize the emissions, if applicable.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A</p>
<p>a4 Are there any changes to or additions of any existing air pollution abatement equipment?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A</p>
<p>a5 Will there be any visible emissions, except uncombined water, emitted to the atmosphere from any point or fugitive source in amounts greater than 5.0% opacity in any six-minute period?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A</p>
<p>a6 Are emission increases five tons per year or greater? If "YES," this checklist must be attached to a Form PI-7 within ten days following the installation or modification of the facilities. The notification shall include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any.</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A</p>
<p>a7 Are emission increases less than five tons per year? If "YES," this checklist must be attached to a Form PI-7 and include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any. (pick one):</p> <p><input checked="" type="checkbox"/> Within ten days following the installation or modification of the facilities. The notification shall include a description of the project, calculations, data identifying specific chemical names, limit values, and a description of pollution control equipment, if any; or</p> <p><input type="checkbox"/> By March 31 of the following year summarizing all uses of this permit by rule in the previous calendar year.</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>



Texas Commission on Environmental Quality

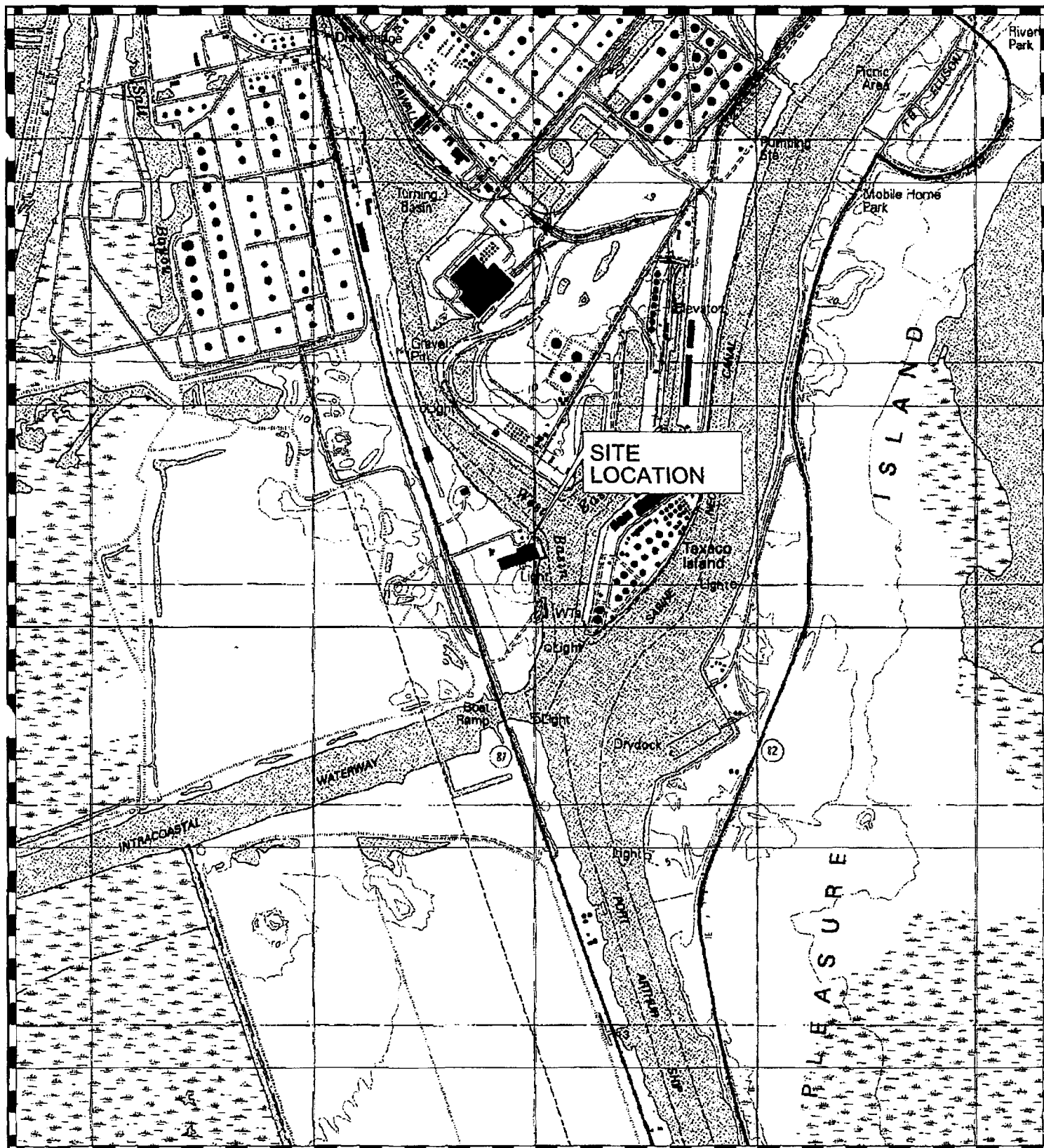
Exemption §106.472 Checklist (Previously Standard Exemption 51)

Organic Liquid Loading and Unloading

The following checklist is designed to help you confirm that you meet §106.472, previously Standard Exemption 51 (STDX 51), requirements. **Any "no" answers indicate that the claim of registration may not meet all requirements for the use of Exemption §106.472, previously Standard Exemption 51.** If you do not meet all the requirements, you may alter the project design/operation in such a way that all the requirements of the exemption are met, or obtain a construction permit.

<u>YES</u>	<u>NO</u>	<u>NA</u>	<u>DESCRIPTION</u>
<u>X</u>	—	—	Have you included a description of how this exemption claim meets the general rule for the use of exemptions (§106, Subchapter A checklist is available)?
<u>X</u>	—	—	Are all the facilities claimed for exemption specifically named in the general section of §106.472, previously STDX 51? (This exemption has been interpreted to allow mixing or blending but <u>not</u> chemical reaction in tankage.)
<u>X</u>	—	—	Is the equipment designed to prevent visible emissions?
<u>X</u>	—	—	Are all the chemicals to be loaded, unloaded, or stored described in §106.472, previously STDX 51(a) - (i)? Attach a list of the chemicals and identify the appropriate item of §106.472, previously STDX 51 that applies. Include additional supporting data. For example, a §106.472, previously STDX 51(i), claim should identify initial boiling points of all compounds to be covered.
—	—	<u>X</u>	Will aqueous ammonia solutions, hydrochloric acid, or acetic acid be vented through a water scrubber?
—	—	<u>X</u>	Are facilities loading, unloading, or storing butyric acid, isobutyric acid, methacrylic acid, mercaptans, croton oil, 2-methyl styrene, or any other compound with an initial boiling point of 300 degrees F or greater listed in 40 CFR 261, Appendix VIII, located at least 500 feet from any recreational area or residence or other structure not occupied or used solely by the owner or operator of the facility or the owner of the property upon which the facility is located? List these compounds and show their handling location on an attached scaled plot plan.

FIGURE 1
AREA MAP



1320 0 1320
1:24,000 1" = 2000 feet feet

AREA MAP

PORT ARTHUR CHEMICAL AND ENVIRONMENTAL SERVICES, LLC

2420 HIGHWAY 87 SOUTH

PORT ARTHUR, JEFFERSON COUNTY, TEXAS



FIGURE

1



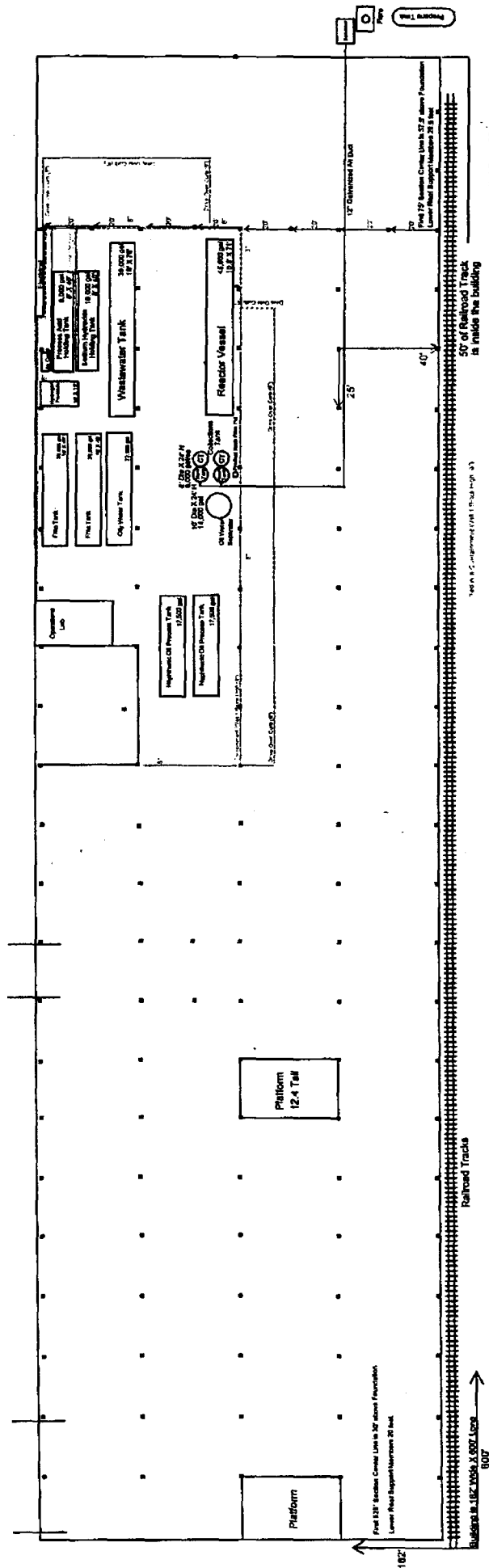
Reproduced from 7.5' U.S.G.S. Topographic Quadrangle: Port Arthur South, Texas; Zone 15

DRAWN BY: LLS DATE: 11-11-2008

FILE: H:-client-CES-Pt Arthur-PT ART Topo.geo

EPAHO043000981

FIGURE 2
FACILITY SITE PLAN

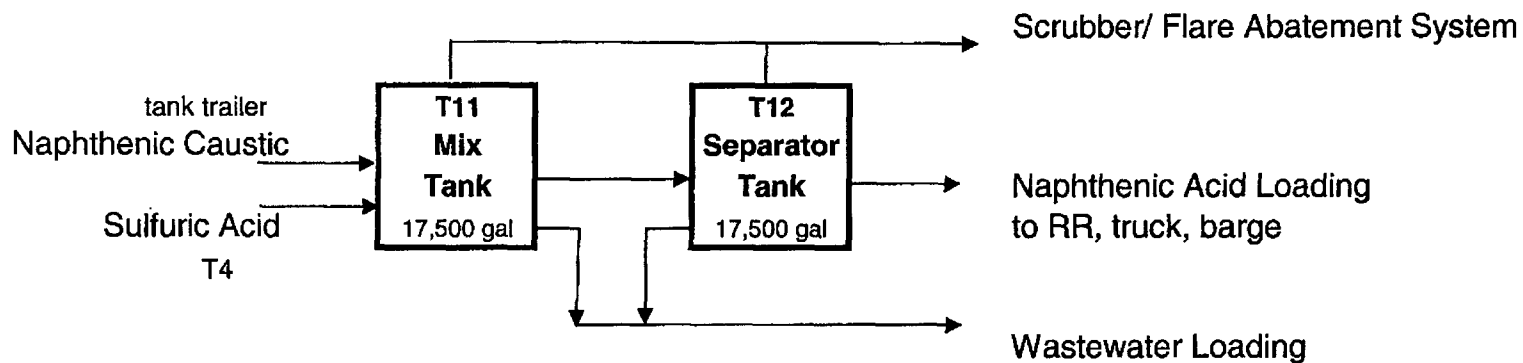


Port Arthur Chemical & Environmental Services, LLC 2420 South Galloway Port Arthur, TX 77640 713-976-1480	PA CES "Warehouse Plain View" (COPSA)	Drawn By: BWichs
		Date: November 11, 2008
		Scale: 1" = 47'
		FA Blank Marker: D.A. 1072

KMTX
Tank Farm

FIGURE 3
PROCESS FLOW DIAGRAM

Port Arthur Chemical & Environmental Services, LLC
Naphthenic Acid Process Flow



note: loading is vapor balanced back to the tanks.

**PERMIT APPLICATION FOR
SODIUM HYDROSULFIDE PRODUCTION**

**Prepared for
CES ENVIRONMENTAL SERVICES, INC.
Port Arthur, Jefferson County, Texas**

**Prepared by
THE WCM GROUP, INC.
Humble, Texas**

October 2008

EPAHO043000986



The WCM Group, Inc.

October 10, 2008

Mr. Donald D. Nelon
Air Permits Initial Review Team (APIRT) MC-161
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
12100 Park 35 Circle
Austin, Texas 78753

LONE STAR
AIRBILL NUMBER
P2687561

Reference: Air Permit Application
CES Environmental Services, Inc.
CN600618946, RN105156111
2420 South Gulfway Drive
Port Arthur, Jefferson County, Texas 77640

Dear Mr. Nelon:

On behalf of CES Environmental Services, Inc. (CES), please find enclosed an application for permit to authorize the production of sodium hydrosulfide under 30 TAC Chapter 116.

If you have questions regarding this application or require further information, please do not hesitate to contact Mr. Matt Bowman of CES at (713) 676-1460, or me directly at (281) 446-7070.

Sincerely,

A handwritten signature in cursive script that reads 'Philip B. Evans'.

for Philip B. Evans
Director, Technical Services

PBE/tv
27189:5330017.let.doc

Enclosure

cc: M. Bowman
H. Ross - TCEQ Region 10

*Office
FDS 6-5*

**PERMIT APPLICATION FOR
SODIUM HYDROSULFIDE PRODUCTION**

**Prepared for
CES ENVIRONMENTAL SERVICES, INC.
Port Arthur, Jefferson County, Texas**

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October 2008

EPAHO043000988

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1.0 INTRODUCTION

CES Environmental Services, Inc. (CES) intends to construct and operate equipment for use in the batch production of sodium hydrosulfide (NaSH) on a property located at 2420 Gulfway Drive south of Port Arthur in Jefferson County, Texas. CES is submitting the enclosed documentation to request authorization for the production equipment and associated emissions. Currently, there are no other active emission sources at the site.

The production process involves the initial oxidation and acidification of an aqueous feed stream composed of dissolved sodium salts and sulfurized isobutylene oil. The reaction overhead is then routed via closed system to a sodium hydroxide solution where it is further reacted to produce the NaSH solution. The product is loaded into tank trucks or isocontainers and shipped off-site. Operational details are found in the Process Description section of this registration.

The CES facility is located in the Beaumont/Port Arthur ozone nonattainment area and will be classified as a minor source for emissions of Volatile Organic Compounds (VOC) and Nitrogen Oxides (NO_x). The emissions associated with this project are calculated as 1.15 tons per year of VOC and 3.33 tons per year of NO_x. Emission calculations are provided in Attachment A. Federal nonattainment and PSD program requirements do not apply. Texas Commission on Environmental Quality (TCEQ) PI-1 Form, Table 2, Table 8 and Table 30 are included in the Forms section. An area map, facility site map, process flow diagram and tornado flare schematic are included in the Figures section.

2.0 PROCESS DESCRIPTION

An aqueous feed stream composed of dissolved sodium salts (sodium sulfide, sodium hydrosulfide, sodium hydroxide, sodium carbonate) and sulfurized isobutylene is delivered to the facility in tank trucks or isocontainers. The feed is batch transferred from the shipping container into a closed 45,000-gallon mix reactor vessel (T1) using a tank-to-tank vapor exchange (vapor balance). The material may also be routed through a 14,000-gallon oil/water separator (T9) to remove residual oil as needed prior to processing. The mix reactor contents can also be circulated through the oil/water separator and back if required.

A 30% solution of hydrogen peroxide is transferred from a 7,000-gallon fixed roof tank (T2) to a smaller 500-gallon dilution vessel (T3) where it is diluted to a 10% solution. The dilute hydrogen peroxide is introduced into the mix reactor to oxidize the residual SIB oil. Sulfuric acid is then added from a 10,000-gallon fixed roof tank (T4) to react with the caustic sodium salts, maintaining the solution at pH 4. The reaction overhead flows from the mix vessel through a closed 6,000-gallon liquid collection (knock out) vessel (T6) and on to a second 6,000-gallon vessel (T7) containing a strong caustic solution (35% sodium hydroxide) for conversion to the NaSH product. The process vents to a caustic scrubber and then to a flare (FL1) to control any non-reacted sulfidic vapors. The caustic solution is supplied from an 8,000-gallon fixed roof tank (T-5). The aqueous sodium hydrosulfide product is transferred directly from the product collection tank (T7) into tank trucks or isocontainers and shipped off-site to the customer. Process wastewater solutions remaining in the mix reactor (T1) and collected in the overflow vessel (T6) are transferred to a 39,000-gallon wastewater tank (T8) for storage prior to off-site shipment. The wastewater is an aqueous solution of inorganic reaction salts.

The flare (FL1) is a three (3) inch diameter forty (40) foot tall air assisted smokeless gas flare equipped with supplemental fuel system and a continuously burning pilot. The pilot gas and supplemental fuel are propane supplied from a horizontal pressure storage vessel (T10). In addition to residual un-reacted overheads, the flare is used to control displacement losses from the oil/water separator vessel (T9) while the batch process is operating. When the batch process is not operated, collected oil is transferred to tank trucks or isocontainers for off-site shipment. Vapor balance is employed during this transfer to minimize emissions.

EQUIPMENT LIST

FIN	Description	Project Use
T1	45,000-gal capacity horizontal tank	Reactor Vessel
T2	7,000-gal capacity Horz Fixed Roof Tank	30% Hydrogen Peroxide storage
T3	550-gal capacity Vert Fixed Roof Tank	10% Hydrogen Peroxide storage
T4	10,000-gal capacity horizontal tank	Sulfuric Acid storage
T5	8,000-gal capacity horizontal tank	Sodium hydroxide storage
T6	6,000-gal capacity Vert Fixed Roof Tank	Liquid Collection tank
T7	6,000-gal capacity Vert Fixed Roof Tank	NASH tank
T8	39,000-gal capacity horizontal tank	Wastewater storage
T9	Oil water separator	Oil separation and storage
TTL	Tank Truck/Isocontainer loading/unloading	Material loading/unloading
N/A	Caustic scrubber	Vent control
FL1	Flare	Vent control
T10	Horizontal Pressure Storage Tank	Propane (LPG) fuel storage

3.0 EMISSIONS SUMMARY

Emissions associated with the project include those generated from storage, processing, and transfer operations, as well as from potential fugitive equipment and piping component leaks. Displacement losses from material transfers are minimized using vapor balance. The reaction overhead composed of sulfidic vapors (primarily hydrogen sulfide) generated in the mix reactor (T1) flows through a closed vent system into the NaSH production vessel (T7) where it is converted to the product by reaction with caustic solution. There is no intermediate storage or handling of the overhead stream between the point of generation and the point of conversion. The only emissions are potential fugitive piping leaks. The vent from the NaSH production vessel is routed through an abatement train consisting of a caustic scrubber and flare to control any non-reacted sulfides. Based on sample results from pilot operations, the vent from the scrubber to the flare will contain less than 24 ppm of total sulfur compounds.

Fugitive emissions from potential leaks at valves, pumps, connections and other equipment associated with this project are calculated using the methods and emission factors specified in the TCEQ document "Air Permit Technical Guidance for Chemical Sources: Equipment Leak Fugitives". Reduction credit is taken for operations personnel monitoring the operations for leaks that can be detected by audible, visible or olfactory means.

Emission Summary

Pollutant	TPY
VOC	1.15
NO _x	3.33
CO	6.65
SO ₂	0.23

4.0 PSD/NON ATTAINMENT REVIEW

The site is located in the Beaumont/Port Arthur ozone "moderate" nonattainment area. However, the control strategies must reflect the one-hour ozone standard designation of "serious". The emissions associated this project are below federal PSD and nonattainment major source thresholds. This project will not result in classification of the site as a major source for any criteria pollutant.

5.0 REGULATORY COMPLIANCE EVALUATION

This section details the applicability of both State and Federal rules to the operation of the facility.

116.111(a)(2)(A) Protection of Public Health and Welfare

As outlined below, the emissions from the facility will comply with air quality rules and regulations and with the intent of the Texas Clean Air Act, including protection of the health and physical property of the people.

There are no elementary, junior high/middle, or senior high schools located within 3,000 feet of the facility.

Regulation 101 - General Rules

The facility will be operated in accordance with the General Rules relating to circumvention; nuisance; traffic hazard; notification requirements for major upsets; notifications for maintenance, sampling, and sampling ports; emissions inventory requirements; sampling procedures and terminology; and compliance with United States Environmental Protection Agency (EPA) standards, including New Source Performance Standards (NSPS) and National Primary and Secondary Ambient Air Quality Standards (NAAQS).

Regulation 111 - Control of Air Pollution from Visible Emissions and Particulate Matter.

Because there are no emissions of particulate matter associated with this project, the requirements of 30 TAC Chapter 111 do not apply to the equipment and activities covered in this permit amendment application. No outdoor burning takes place at the facility.

Regulation 112 - Control of Air Pollution from Sulfur Compounds.

Sulfur compounds are controlled by the scrubber and the flare abatement train and meet the regulatory limit provided in Chapter 112.3 for Jefferson County.

Regulation 113 - Control of Air Pollution from Toxic Materials.

The site is not a major source of hazardous air pollutants (HAPs) and is not subject to any MACT standard under 40 CFR 63. The regulation does not apply.

Regulation 114 - Control of Air Pollution from Motor Vehicles.

All motor vehicles owned or operated by the facility will comply with the applicable provisions of this regulation including maintenance and operation of air pollution control systems or devices, inspection requirements, equipment evaluation procedures for vehicle exhaust gas analyzers, and use of oxygenated fuels, where applicable.

Regulation 115 - Control of Air Pollution from Volatile Organic Compounds.

The facility is located in Jefferson County, which is designated as moderate non-attainment for ozone. VOC are emitted from the facility due to piping fugitives and tank vent. A 40-foot tall flare controls the tank vent.

Regulation 117 - Control of Air Pollution from Nitrogen Compounds.

The facility is located in Jefferson County, which is designated as non-attainment for ozone and since NO_x is regulated as a precursor for ozone, Regulation VII is applicable. The flare combustion emissions are the only source of NO_x so the facility is exempted from provisions of Chapter 117.

Regulation 118 - Control of Air Pollution Episodes.

The facility will operate the project in compliance with any applicable requirements of this regulation regarding air pollution episodes.

Regulation 122 - Federal Operating Permits.

The facility is not a major source and is not required to have a Federal Operating Permit.

116.111(a) (2) (B) Measurement of Significant Air Contaminants

CES will, upon request, perform measurements of emissions of significant air contaminants.

116.111(a) (2) (C) Best Available Control Technology (BACT)

The use of Best Available Control Technology for the source addressed in this application is described in Section 6 of the application document.

116.111(a) (2) (D) New Source Performance Standards

No New Source Performance Standards apply to this facility.

116.111(a) (2) (E) National Emission Standards for Hazardous Air Pollutants (NESHAP)

No NESHAPS apply to this facility.

116.111(a) (2) (G) Performance Demonstration

The facility is operated in a manner consistent with good air pollution control practices for minimizing emissions. CES will submit additional engineering data to demonstrate the performance specified in the permit application if required.

116.111(a) (2) (H) Nonattainment Review for New Major sources.

The facility is located in Jefferson County, which is classified as a nonattainment area for ozone. The regulations are not applicable as the facility is not a major source for any pollutant and the project emissions are below nonattainment major source thresholds for NO_x and VOC.

116.111(a) (2) (I) Prevention of Significant Deterioration (PSD) Review

This regulation is not applicable since the facility is not a major source under CFR Title 40 Part 52.21 and the project emissions are below PSD major source thresholds for all criteria pollutants.

116.111(a) (2) (J) Air Dispersion Modeling

The EPA Screen3 air dispersion model was used to determine the air quality impacts from the proposed facility for the compounds emitted. Modeling results are provided in Attachment B.

116.111(a) (2) (K) Hazardous Air Pollutants

The facility is not a major source of emissions for hazardous air pollutants.

7.0 IMPACTS ANALYSIS

The emissions generated from the production of sodium hydrosulfide were evaluated for their potential short-term off-property impacts using the results of generic dispersion modeling generated from the EPA approved SCREEN3 model software. Potential impacts for each chemical were determined by multiplying the ratio of the calculated chemical emission rate and the modeled generic emission rate (1.0 g/sec) with the modeled generic concentration for each source, in accordance with the following formula:

Controlled:

$$(C / G) \times F)$$

Uncontrolled:

$$(C / G) \times W)$$

where:

- C = calculated compound emission (g/sec)
- G = Modeled generic emission rate (1.0 g/sec)
- W = Max. off-site generic building concentration (ug/m3)
- F = Max. off-site generic flare concentration (ug/m3)

The resulting concentration for each compound was then compared to its 30-minute TCEQ ESL to determine the acceptability of its estimated impact. The ESLs used to determine the impacts were obtained from the TCEQ published ESL list or where indicated from specific TCEQ regulations or the National Ambient Air Quality Standards.

The modeling evaluation impact summary and the SCREEN3 model runs are found in Attachment B.

ATTACHMENT A
EMISSION CALCULATIONS

CES ENVIRONMENTAL SERVICES, INC. - PORT ARTHUR
SUMMARY OF EMISSIONS

EPN PA1 : Process Building East End

Chemical	Storage		Fugitives		Loading		Total		
	lb/hr	TPY	lb/hr	TPY	lb/hr	TPY	lb/hr	TPY	
Sodium Sulfide	0.0000	0.0000					0.0000	0.0000	
Sodium Hydroxide	0.0000	0.0023					0.0000	0.0023	
Sodium Carbonate	0.0000	0.0000					0.0000	0.0000	
Sulfuric Acid	0.0000	0.0000					0.0000	0.0000	
Sodium Hydrosulfide	0.0002	0.1120	0.0002	0.0008	0.0000	0.0007	0.0004	0.1128	
Salts	1.0885	0.4084			0.3902	0.2235	1.0885	0.4084	
Hydrogen Peroxide	0.0032	0.8395	0.0003	0.0013			0.0035	0.8408	
Hydrogen Sulfide	N/A	N/A	0.0017	0.0075			0.0017	0.0075	
Recovered Oil	0.0002	0.0351	0.0000	0.0001	0.0002	0.0004	0.0003	0.0352	
SIB Oil	0.0248	1.0781	0.0092	0.0402			0.0340	1.1183	
							1.0941	1.3718	non-VOC
							0.0342	1.1535	VOC

EPN FL1 : Flare East End

nitrogen oxides	combustion products	0.7606	3.3316	NOX
carbon monoxide	combustion products	0.0255	6.6511	CO
sulfur dioxide	combustion products	0.0535	0.2344	SO2
hydrogen sulfide	vent with 98% flare control	0.0006	0.0025	H2S

CES ENVIRONMENTAL SERVICES, INC. - PORT ARTHUR
Flare Combustion Calculation

Flare design data 224.7 scf /min
 Vent gas composition 24 ppm sulfur compounds (as H2S) to flare

Calculation Basis: IDEAL GAS LAW, $PV = nRT$

where:

P = pressure (psia)

V = volumetric flow rate (scf /min)

R = Universal Gas Constant

T = Temperature

n = no. of moles of gas

Vent gas sulfur compound portion is less than 24 ppm

then, $n = PV / RT * 60 * 24 / 10^6$

0.00084 lb mole sulfur / hr

Flare combustion will convert the sulfur compounds in the vent stream to SO2, conservatively assumes 100% conversion.

To convert to SO2, 1 lb mole SO2 is 64 lb

0.0535 lb/hr SO2

0.23 TPY SO2

Flare combustion will convert the sulfur compounds in the vent stream to SO2.

To convert to H2S, 1 lb mole H2S is 34 lb

Flare destruction efficiency is 98% for H2S per TCEQ guidance.

0.0006 lb/hr H2S

after flare

0.0025 TPY H2S

COMBUSTION

	vent gas	pilot gas	supplemental gas			
heat	0	2315.9	2315.9 Btu/scf			
flow	13482	20	2360 scfh			
rate	118,102,320	175,200	20,673,600 scf/year			
	Factor lb/MMBtu	NOx TPY	NOx lb/hr	Factor lb/MMBtu	CO TPY	CO lb/hr
Vent Gas	0.1380	0.000	0.000	0.2755	0.000	0.000
Pilot Gas	0.1380	0.028	0.006	0.2755	0.056	0.013
Supplemental Gas	0.1380	3.304	0.754	0.2755	6.595	0.013
Total	N/A	3.332	0.761	N/A	6.651	0.026

Flare Destruction/Removal Efficiency and Emission Factors are based on TCEQ Technical Guidance for Chemical Sources: Flares and Vapor Oxidizers: RG-109 October 2000 for high Btu non-steam assisted flares.

Pilot Gas Sample calculation:

NOx ton/yr: $(2,316 \text{ Btu/lb}) * (175,200 \text{ lb/MMBtu}) / 1000000 * (0.1380 \text{ lb/yr}) / 2000 = 0.028 \text{ tpy}$

NOx lb/hr: $(2,316 \text{ Btu/lb}) * (20 \text{ lb/MMBtu}) / 1000000 * (0.1380 \text{ lb/yr}) = 0.006 \text{ lb/hr}$

³TCEQ Technical Flare Guidance states in Table 4 Flare Factors - PM emission factor is none.

NASH Calcs

EP/AHO043001002

CES ENVIRONMENTAL SERVICES, INC. - PORT ARTHUR
TANK EMISSION CALCULATIONS

	Tank ID: chemical	T1 SIB Oil	T1 Sulfidic causti	T2 30%	T3 10%	T4	T5	T6	T7	T8 Salts	T9 Recovered Oil
	Material:	Mix Tank	Mix Tank	Hydrogen Peroxide	Hydrogen Peroxide	Sulfuric Acid	Sodium Hydroxide	Sodium Hydrosulfide	Sodium Hydrosulfide	Wastewater	Separator
Annual Throughput, gal/yr	Q =	13,000,000	13,000,000	1,560,000	7,800,000	1,040,000	1,040,000	2,340,000	2,340,000	5,200,000	364,000
Max Hourly Transfer Rate, gal/hr	FR =	4,000	4,000	6,000	500	60	60	60	60	4,000	60
Emissions:											
Maximum Hourly Emissions, lb/hr	Lmax =	0.02480	0.02308	0.00000	0.00318	0.00000	0.00000	0.00011	0.00011	1.08849	0.00023
Total Annual Emissions, TPY	Lt =	1.07806	1.00331	0.15808	0.68137	0.00001	0.00233	0.05600	0.05600	0.40844	0.03510
Annual Average Hourly Emis, lb/hr	Lavg =	0.246	0.229	0.036	0.156	0.000	0.00053	0.013	0.013	0.093	0.008
Standing loss, lb/yr	Ls =	7.334	6.576	17.972	0.854	0.002	0.106	2.167	2.167	62.313	0.000
Working loss, lb/yr	Lw =	2148.790	2000.053	298.195	1361.893	0.011	4.552	109.824	109.824	754.559	70.198
Material Properties:											
Molecular Weight, lb/lb-mole	Mv =	18.00	18.00	20.80	18.83	98.07	0.58	18.00	18.00	18.00	150.00
Vapor Pressure @ Tia, psia	Pva =	0.39	0.36	0.39	0.39	0.00	0.32	0.11	0.11	0.34	0.05
Vapor Pressure @ Tin, psia	Pvn =	0.33	0.30	0.32	0.33	0.00	0.27	0.09	0.09	0.29	0.04
Vapor Pressure @ Tlx, psia	Pvx =	0.46	0.42	0.46	0.46	0.00	0.38	0.13	0.13	0.40	0.07
Max. Vapor Pressure @ mTlx, psia	Pvmax =	0.72	0.67	0.65	0.71	0.00	0.00	0.21	0.21	0.63	0.11
Tank Properties:											
Vapor control device		scrubber	scrubber	vapor balance	scrubber	none	none	scrubber	scrubber	none	flare
Vapor control efficiency, %	e =	98	98	100	98	0	0	98	98	0	99
Capacity volume, gal	Cv =	47,966	47,966	8,812	547	15,039	13,535	6,016	6,016	41,123	14,099
Shell Diameter, ft	D =	10.8	10.8	10.0	4.5	8.0	8.0	8.0	8.0	10.0	10.0
Shell Height/Length, ft	Hs =	70.0	70.0	15.0	4.6	40.0	36.0	16.0	16.0	70.0	24.0
Tank Orientation (vertical or horizontal)		horiz	horiz	horiz	vert	horiz	horiz	vert	vert	horiz	vert
Roof type (cone or dome)		N/A	N/A	N/A	cone	N/A	N/A	cone	cone	N/A	cone
Tank Color (white, light gray, other)		white	white	white	white	white	white	white	white	white	white
Solor absorbance factor	a =	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17
Pressure vent setting, psig	Pbp =	0.3	0.3	0	0	0	0.3	0	0	0	0
Vacuum vent setting, psia	Pbv =	-0.3	-0.3	0	0	0	-0.3	0	0	0	0
Effective diameter, ft	De =	10.8	10.8	13.8	4.5	20.2	19.2	8.0	8.0	29.9	10.0
Avg. Liquid Height, ft	Hl =	35.0	35.0	5.0	2.3	4.0	4.0	8.0	8.0	5.0	12.0
Max. Liquid Height, ft	Hlx =	70.0	70.0	10.0	4.6	8.0	8.0	16.0	16.0	10.0	24.0
Roof Outage, ft	Hro =	0.00	0.00	0.00	0.05	0.00	0.00	0.08	0.08	0.00	0.10
Vapor Space Outage, ft	Hvo =	35.00	35.00	5.00	2.35	4.00	4.00	8.08	8.08	5.00	12.10
Vapor space volume, ft ³	Vv =	3206.31	3206.31	750.38	37.33	1280.65	1152.58	406.31	406.31	3501.78	950.66

EPAAHO043001003

Operating Conditions (Houston, Tx):											
Atmospheric pressure, psia	Pa =	14.7	14.7	14.7	14.7	14.7	14.7	14.7	14.7	14.7	14.7
Annual Avg. Daily solar insolation factor, Btu/ft ² day	I =	1351	1351	1351	1351	1351	1351	1351	1351	1351	1351
Annual Avg. Daily max. ambient temp, R	Tax =	539.1	539.1	539.1	539.1	539.1	539.1	539.1	539.1	539.1	539.1
Annual Avg. Daily min. ambient temp, R	Tan =	517.4	517.4	517.4	517.4	517.4	517.4	517.4	517.4	517.4	517.4
Annual Avg. Daily vapor temp. range, R	ΔTv =	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1
Annual Daily avg. liquid surface temp, R	Tla =	530.1	530.1	530.1	530.1	530.1	520.0	530.1	530.1	530.1	530.1
Annual Avg. Daily min. liquid surface temp., R	Tln =	524.6	524.6	524.6	524.6	524.6	515.0	524.6	524.6	524.6	524.6
Annual Avg. Daily max. liquid surface temp., R	Tlx =	535.6	535.6	535.6	535.6	535.6	525.0	535.6	535.6	535.6	535.6
Highest Month Daily solar insolation factor, Btu/ft ² day	ml =	1898	1898	1898	1898	1898	1898	1898	1898	1898	1898
Highest Month Daily max. ambient temp, R	mTax =	553.6	553.6	553.6	553.6	553.6	553.6	553.6	553.6	553.6	553.6
Highest Month Daily min. ambient temp, R	mTan =	532.5	532.5	532.5	532.5	532.5	532.5	532.5	532.5	532.5	532.5
Highest Month Daily vapor temp. range, R	mΔTv =	24.2	24.2	24.2	24.2	24.2	24.2	24.2	24.2	24.2	24.2
Highest Month Daily max. liquid surface temp., R	mTlx =	551.7	551.7	551.7	551.7	551.7	525.0	551.7	551.7	551.7	551.7
Gas Constant, psia-ft ³ /lb mole-R	R =	10.73	10.73	10.73	10.73	10.73	10.73	10.73	10.73	10.73	10.73
Vapor Density, lb/ft ³	Wv =	0.001	0.001	0.001	0.001	0.000	0.000	0.000	0.000	0.001	0.001
Daily vapor pressure range, psia	ΔPv =	0.131	0.121	0.138	0.134	0.000	0.108	0.037	0.037	0.115	0.020
Vapor space expansion factor	Ke =	0.009	0.008	0.051	0.051	0.042	0.008	0.044	0.044	0.050	0.043
Vented vapor saturation factor	Ks =	0.583	0.600	0.907	0.954	1.000	0.937	0.955	0.955	0.918	0.967
Working Loss Product Factor	Kp =	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Turnovers	N =	271.02	271.02	177.03	14253.46	69.15	76.84	388.98	388.98	126.45	25.82
Turnover factor	Kn =	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Operating Days, days/yr	Days =	365	365	365	365	365	365	365	365	365	365

LOADING LOSS EMISSIONS

		T7	T8	T9
	Material:	Sodium Hydrosulfide	Wastewater	Recovered Oil
	EPN:	LDR-001	LDR-001	LDR-001
Annual Throughput, gal/yr	Th =	2,340,000	5,200,000	364,000
Max Hourly Fill Rate, gal/hr	FR =	60	4,000	60
Emissions:				
Maximum Hourly Emissions, lb/hr	II =	0.0000	0.390245	0.0002
Annual Emissions, TPY	LL =	0.0007	0.223483	0.0004
Filling loss, lb/hr $II = [(12.46 \times ((S \times VP \times MW) / T_x) / 1000) \times FR \times (c/100) \times (1-e/100)]$ Loading loss, TPY $LL = [(12.46 \times ((S \times VP \times MW) / T_a) / 1000) \times Th \times (c/100) \times (1-e/100)] / 2000$				
Material Properties:				
Molecular Weight, lb/lb-mole	Mv =	18.00	18.00	150.00
Vapor Pressure @ Tlx, psia	Pvx =	0.13	0.40	0.07
Vapor Pressure @ Tla, psia	Pva =	0.11	0.34	0.05
Vapor control device		scrubber	none	flare
Capture efficiency, %	c =	100	100	100
Vapor control efficiency, %	e =	98	0	98
Max Liquid Temp., R	Tlx =	551.67	551.67	551.67
Averag Liquid Temp., R	Tla =	530.08	530.08	530.08
Saturation Factor	S =	0.6	0.6	0.6

CES ENVIRONMENTAL SERVICES, INC. - PORT ARTHUR
FUGITIVE EMISSION ESTIMATES

MATERIAL	FIN	VP (psia)	Liquid wt frac.	Stream Type LL,HL,G/V	Valves	lbs/hr	Flanges	lbs/hr	Gas/Vapor		Gas/Vapor		Pumps	lbs/hr	Total lb/hr	EMISSIONS	
									Valves	lbs/hr	Flanges	lbs/hr				(lb/hr)	(ton/yr)
SIB oil	T1	0.72327	1.0000	LL	22	0.00231	98	0.00147	0	0	0	0	2	0.005404	0.0092	0.0092	0.0402
Hydrogen peroxide 30%	T2	0.65214	0.3000	LL	2	0.00021	6	0.00009	0	0	0	0	1	0.002702	0.0009	0.0003	0.0012
Hydrogen peroxide 10%	T3	0.70865	0.1000	LL	2	0.00021	6	0.00009	0	0	0	0	1	0.002702	0.0003	0.0000	0.0001
Hydrogen sulfide	to T7		1.0000	G/V	0	0	0	0.00000	1	0.000267	16	0.001392	0	0	0.0017	0.0017	0.0073
Vent gas	FL1		0.1000	G/V	0	0	0	0.00000	1	0.000267	50	0.00435	0	0	0.0005	0.0000	0.0002
Recovered Oil	LDR-001	0.10938	0.0500	LL	1	0.000105	6	0.00009	1	0.000267	0	0	0	0	0.0000	0.0000	0.0000
Sodium Hydrosulfide	LDR-001	0.20537	1.0000	LL	0	0	12	0.00018	0	0	0	0	0	0	0.0002	0.0002	0.0008
																0.0112	0.0490

Speciation	Total		Tank		Vent		Load	
	lb/hr	TPY	lb/hr	TPY	lb/hr	TPY	lb/hr	TPY
SIB oil	0.0092	0.0402	0.0092	0.0402				
Recovered Oil	0.0000	0.0001					0.0000	0.0001
Hydrogen peroxide	0.0003	0.0013	0.0003	0.0013				
Hydrogen sulfide	0.0017	0.0075			0.0017	0.0075		
Sodium Hydrosulfide	0.0002	0.0008					0.0002	0.0008
Total	0.0114	0.0499						

365 days in service

Monitoring is performed in accordance with TCEQ AVO.

SOCMI Factors	Valves	Flanges	G/V Vlv	G/V Flng	Pumps	Relief Vlv	Agitator
Light Liquid (LL)	0.0035	0.0005	--	--	0.0386	--	0.0005
Gas / Vapor (G/V)	--	--	0.0089	0.0029	--	0.2293	--
Heavy Liquid (HL)	0.0007	0.00007	--	--	0.0161	--	0.00007
LL G/V - Efficiency (%)	97	97	97	97	93	97	97
HL - Efficiency (%)	0	0	30	30	0	0	0

* Per TCEQ guidance, fugitive emissions are not estimated for materials with vapor pressure < 0.002 psia.

ATTACHMENT B
MODELING IMPACTS
SCREEN3 MODEL RUNS

CES ENVIRONMENTAL SERVICES, INC. - PORT ARTHUR
MODELING IMPACTS

EPN PA1 : Process Building East End					Maximum Off-Property Nearest Receptor		10,970 ug/m3 9,053 ug/m3	105 ft 141 ft
					Maximum Off-Property Nearest Property Line		6,582 ug/m3 5,432 ug/m3	(using 0.6 Area Source Adj. Factor) (using 0.6 Area Source Adj. Factor)
Chemical	CAS No.	ESL ug/m3	Emission Rates lb/hr g/sec		Max Off-Property ug/m3	Nearest Receptor ug/m3	Max Off-Property Excedance (No or Yes)	Property Line Excedance (No or Yes)
Sodium Sulfide	1313-82-2	50	0.0000	0.0000	0.0000	0.0000	No	No
Sodium Hydroxide	1310-73-2	20	0.0000	0.0000	0.0027	0.0022	No	No
Sodium Carbonate	497-19-8	50	0.0000	0.0000	0.0000	0.0000	No	No
Sulfuric Acid	7664-93-9	15	0.0000	0.0000	0.0019	0.0016	No	No
Sodium Hydrosulfide	16721-80-5	50	0.0004	0.0000	0.3240	0.2674	No	No
Salts	N/A	N/A	1.0885	0.1370	901.5247	743.9839	No	No
Hydrogen Peroxide	772-84-1	14	0.0035	0.0004	2.8805	2.3771	No	No
Hydrogen Sulfide	7783-06-04	167	0.0017	0.0002	1.4123	1.1655	No	No
Recovered Oil	8012-95-1	50	0.0003	0.0000	0.2190	0.1807	No	No
SIB Oil	68511-50-2	1400	0.0340	0.0043	28.1450	23.2267	No	No
non-VOC			1.0941					
VOC			0.0342					

EPN FL1 : Flare East End					Maximum Off-Property Nearest Property Line		1,049 ug/m3 869 ug/m3	250 ft 43 ft
Chemical	CAS No.	ESL ug/m3	Emission Rates lb/hr g/sec		Max Off-Property ug/m3	Nearest Receptor ug/m3	Max Off-Property Excedance (No or Yes)	Property Line Excedance (No or Yes)
Sulfur Dioxide	7446-09-5	838	0.0535	0.0067	7.0644	0.0044	No	No
Hydrogen Sulfide	7783-06-04	167	0.0006	0.0001	0.0751	0.0000	No	No

ESL notes:

For sulfuric acid, 30 TAC 112.41, 15 ug/m3

For sulfur dioxide, 30 TAC 112.3, Jefferson County, ESL is 0.32 ppm or 838.4 ug/m3.

For hydrogen sulfide, 30 TAC 112.31, ESL is 0.12 ppm or 166.8 ug/m3 for industrial areas.

For nitrogen oxides & carbon monoxide, ESL must meet NAAQS.

10/01/08
14:48:11

*** SCREEN3 MODEL RUN ***
*** VERSION DATED 96043 ***

CES PA STORAGE TANK AREA SOURCE MODELING RUN (RURAL)

SIMPLE TERRAIN INPUTS:

SOURCE TYPE = AREA
EMISSION RATE (G/(S-M**2)) = .748900E-03
SOURCE HEIGHT (M) = 1.0670
LENGTH OF LARGER SIDE (M) = 51.9500
LENGTH OF SMALLER SIDE (M) = 25.7000
RECEPTOR HEIGHT (M) = .0000
URBAN/RURAL OPTION = RURAL

THE REGULATORY (DEFAULT) MIXING HEIGHT OPTION WAS SELECTED.
THE REGULATORY (DEFAULT) ANEMOMETER HEIGHT OF 10.0 METERS WAS ENTERED.

MODEL ESTIMATES DIRECTION TO MAX CONCENTRATION

BUOY. FLUX = .000 M**4/S**3; MOM. FLUX = .000 M**4/S**2.

*** STABILITY CLASS 6 ONLY ***
*** ANEMOMETER HEIGHT WIND SPEED OF 1.50 M/S ONLY ***

*** SCREEN AUTOMATED DISTANCES ***

*** TERRAIN HEIGHT OF 0. M ABOVE STACK BASE USED FOR FOLLOWING DISTANCES ***

DIST (M)	CONC (UG/M**3)	STAB	U10M (M/S)	USTK (M/S)	MIX HT (M)	PLUME HT (M)	MAX DIR (DEG)
10.	4458.	6	1.5	1.5	10000.0	1.07	23.
100.	8187.	6	1.5	1.5	10000.0	1.07	16.
200.	4438.	6	1.5	1.5	10000.0	1.07	0.
300.	2708.	6	1.5	1.5	10000.0	1.07	0.
400.	1802.	6	1.5	1.5	10000.0	1.07	0.
500.	1286.	6	1.5	1.5	10000.0	1.07	0.
600.	967.0	6	1.5	1.5	10000.0	1.07	0.
700.	756.0	6	1.5	1.5	10000.0	1.07	0.
800.	616.2	6	1.5	1.5	10000.0	1.07	0.
900.	514.4	6	1.5	1.5	10000.0	1.07	0.
1000.	437.2	6	1.5	1.5	10000.0	1.07	0.
1100.	378.5	6	1.5	1.5	10000.0	1.07	0.
1200.	332.0	6	1.5	1.5	10000.0	1.07	0.
1300.	294.3	6	1.5	1.5	10000.0	1.07	0.
1400.	262.9	6	1.5	1.5	10000.0	1.07	0.
1500.	236.7	6	1.5	1.5	10000.0	1.07	0.
1600.	214.5	6	1.5	1.5	10000.0	1.07	0.
1700.	195.7	6	1.5	1.5	10000.0	1.07	0.
1800.	179.4	6	1.5	1.5	10000.0	1.07	0.
1900.	165.3	6	1.5	1.5	10000.0	1.07	0.
2000.	153.0	6	1.5	1.5	10000.0	1.07	0.

MAXIMUM 1-HR CONCENTRATION AT OR BEYOND 10. M:
 50. .1137E+05 6 1.5 1.5 10000.0 1.07 23.

 *** SCREEN DISCRETE DISTANCES ***

*** TERRAIN HEIGHT OF 0. M ABOVE STACK BASE USED FOR FOLLOWING DISTANCES ***

DIST (M)	CONC (UG/M**3)	STAB	U10M (M/S)	USTK (M/S)	MIX HT (M)	PLUME HT (M)	MAX DIR (DEG)
32.	9053.	6	1.5	1.5	10000.0	1.07	22.
43.	.1097E+05	6	1.5	1.5	10000.0	1.07	22.

 *** SUMMARY OF SCREEN MODEL RESULTS ***

CALCULATION PROCEDURE	MAX CONC (UG/M**3)	DIST TO MAX (M)	TERRAIN HT (M)
SIMPLE TERRAIN	.1137E+05	50.	0.

 ** REMEMBER TO INCLUDE BACKGROUND CONCENTRATIONS **

10/01/08
14:36:01

*** SCREEN3 MODEL RUN ***
*** VERSION DATED 96043 ***

CES PA AREA STORAGE TANK AREA SOURCE MODELING RUN (URBAN)

SIMPLE TERRAIN INPUTS:

SOURCE TYPE = AREA
EMISSION RATE (G/(S-M**2)) = .748991E-03
SOURCE HEIGHT (M) = 1.0667
LENGTH OF LARGER SIDE (M) = 51.9500
LENGTH OF SMALLER SIDE (M) = 25.7000
RECEPTOR HEIGHT (M) = .0000
URBAN/RURAL OPTION = URBAN

THE REGULATORY (DEFAULT) MIXING HEIGHT OPTION WAS SELECTED.

THE REGULATORY (DEFAULT) ANEMOMETER HEIGHT OF 10.0 METERS WAS ENTERED.

MODEL ESTIMATES DIRECTION TO MAX CONCENTRATION

BUOY. FLUX = .000 M**4/S**3; MOM. FLUX = .000 M**4/S**2.

*** STABILITY CLASS 6 ONLY ***

*** ANEMOMETER HEIGHT WIND SPEED OF 1.50 M/S ONLY ***

*** SCREEN AUTOMATED DISTANCES ***

*** TERRAIN HEIGHT OF 0. M ABOVE STACK BASE USED FOR FOLLOWING DISTANCES ***

DIST (M)	CONC (UG/M**3)	STAB	U10M (M/S)	USTK (M/S)	MIX HT (M)	PLUME HT (M)	MAX DIR (DEG)
10.	5509.	6	1.5	1.5	10000.0	1.07	17.
100.	2182.	6	1.5	1.5	10000.0	1.07	0.
200.	679.2	6	1.5	1.5	10000.0	1.07	0.
300.	333.5	6	1.5	1.5	10000.0	1.07	0.
400.	202.4	6	1.5	1.5	10000.0	1.07	0.
500.	138.3	6	1.5	1.5	10000.0	1.07	3.
600.	102.1	6	1.5	1.5	10000.0	1.07	1.
700.	79.30	6	1.5	1.5	10000.0	1.07	0.
800.	63.89	6	1.5	1.5	10000.0	1.07	3.
900.	52.98	6	1.5	1.5	10000.0	1.07	3.
1000.	44.92	6	1.5	1.5	10000.0	1.07	3.
1100.	38.78	6	1.5	1.5	10000.0	1.07	3.
1200.	33.97	6	1.5	1.5	10000.0	1.07	3.
1300.	30.12	6	1.5	1.5	10000.0	1.07	3.
1400.	26.99	6	1.5	1.5	10000.0	1.07	0.
1500.	24.38	6	1.5	1.5	10000.0	1.07	0.
1600.	22.19	6	1.5	1.5	10000.0	1.07	0.
1700.	20.33	6	1.5	1.5	10000.0	1.07	2.
1800.	18.73	6	1.5	1.5	10000.0	1.07	3.
1900.	17.35	6	1.5	1.5	10000.0	1.07	0.
2000.	16.14	6	1.5	1.5	10000.0	1.07	0.

MAXIMUM 1-HR CONCENTRATION AT OR BEYOND 10. M:
 34. 7715. 6 1.5 1.5 10000.0 1.07 20.

 *** SCREEN DISCRETE DISTANCES ***

*** TERRAIN HEIGHT OF 0. M ABOVE STACK BASE USED FOR FOLLOWING DISTANCES ***

DIST (M)	CONC (UG/M**3)	STAB	U10M (M/S)	USTK (M/S)	MIX HT (M)	PLUME HT (M)	MAX DIR (DEG)
32.	7613.	6	1.5	1.5	10000.0	1.07	20.
43.	6673.	6	1.5	1.5	10000.0	1.07	22.

 *** SUMMARY OF SCREEN MODEL RESULTS ***

CALCULATION PROCEDURE	MAX CONC (UG/M**3)	DIST TO MAX (M)	TERRAIN HT (M)
SIMPLE TERRAIN	7715.	34.	0.

 ** REMEMBER TO INCLUDE BACKGROUND CONCENTRATIONS **

09/10/08
15:23:55

*** SCREEN3 MODEL RUN ***
*** VERSION DATED 96043 ***

CES PA FLARE MODELING RUN (URBAN)

SIMPLE TERRAIN INPUTS:

SOURCE TYPE = POINT
EMISSION RATE (G/S) = 1.00000
STACK HEIGHT (M) = 12.1900
STK INSIDE DIAM (M) = .1016
STK EXIT VELOCITY (M/S) = 20.0000
STK GAS EXIT TEMP (K) = 1273.0000
AMBIENT AIR TEMP (K) = 293.0000
RECEPTOR HEIGHT (M) = .0000
URBAN/RURAL OPTION = URBAN
BUILDING HEIGHT (M) = 9.1400
MIN HORIZ BLDG DIM (M) = 49.4400
MAX HORIZ BLDG DIM (M) = 160.8410

THE REGULATORY (DEFAULT) MIXING HEIGHT OPTION WAS SELECTED.
THE REGULATORY (DEFAULT) ANEMOMETER HEIGHT OF 10.0 METERS WAS ENTERED.

BUOY. FLUX = .390 M**4/S**3; MOM. FLUX = .238 M**4/S**2.

*** FULL METEOROLOGY ***

*** SCREEN AUTOMATED DISTANCES ***

*** TERRAIN HEIGHT OF 0. M ABOVE STACK BASE USED FOR FOLLOWING DISTANCES ***

DIST (M)	CONC (UG/M**3)	STAB	U10M (M/S)	USTK (M/S)	MIX HT (M)	PLUME HT (M)	SIGMA Y (M)	SIGMA Z (M)	DWASH
10.	.0000	0	.0	.0	.0	.00	.00	.00	NA
100.	774.7	4	1.0	1.1	320.0	15.00	15.69	13.79	SS
200.	321.6	6	1.0	1.1	10000.0	21.23	21.17	14.03	SS
300.	273.7	6	1.0	1.1	10000.0	21.23	31.18	19.93	SS
400.	204.1	6	1.0	1.1	10000.0	21.23	40.85	25.30	SS
500.	154.4	6	1.0	1.1	10000.0	21.23	50.21	30.24	SS
600.	120.7	6	1.0	1.1	10000.0	21.23	59.27	34.82	SS
700.	97.25	6	1.0	1.1	10000.0	21.23	68.06	39.11	SS
800.	80.41	6	1.0	1.1	10000.0	21.23	76.59	43.15	SS
900.	67.92	6	1.0	1.1	10000.0	21.23	84.89	46.97	SS
1000.	58.40	6	1.0	1.1	10000.0	21.23	92.97	50.60	SS
1100.	50.95	6	1.0	1.1	10000.0	21.23	100.83	54.06	SS
1200.	45.00	6	1.0	1.1	10000.0	21.23	108.50	57.37	SS
1300.	40.16	6	1.0	1.1	10000.0	21.23	115.99	60.55	SS
1400.	36.17	6	1.0	1.1	10000.0	21.23	123.30	63.61	SS
1500.	32.83	6	1.0	1.1	10000.0	21.23	130.44	66.56	SS
1600.	30.00	6	1.0	1.1	10000.0	21.23	137.43	69.42	SS
1700.	27.58	6	1.0	1.1	10000.0	21.23	144.27	72.18	SS
1800.	25.49	6	1.0	1.1	10000.0	21.23	150.97	74.86	SS

1900.	23.67	6	1.0	1.1	10000.0	21.23	157.54	77.47	SS
2000.	22.07	6	1.0	1.1	10000.0	21.23	163.98	80.00	SS

MAXIMUM 1-HR CONCENTRATION AT OR BEYOND 10. M:
 50. 1049. 3 1.0 1.0 320.0 14.04 11.11 10.20 SS

DWASH= MEANS NO CALC MADE (CONC = 0.0)
 DWASH=NO MEANS NO BUILDING DOWNWASH USED
 DWASH=HS MEANS HUBER-SNYDER DOWNWASH USED
 DWASH=SS MEANS SCHULMAN-SCIRE DOWNWASH USED
 DWASH=NA MEANS DOWNWASH NOT APPLICABLE, X<3*LB

 *** SCREEN DISCRETE DISTANCES ***

*** TERRAIN HEIGHT OF 0. M ABOVE STACK BASE USED FOR FOLLOWING DISTANCES ***

DIST (M)	CONC (UG/M**3)	STAB	U10M (M/S)	USTK (M/S)	MIX HT (M)	PLUME HT (M)	SIGMA Y (M)	SIGMA Z (M)	DWASH
13.	.0000	0	.0	.0	.0	.00	.00	.00	NA
76.	869.4	4	1.0	1.1	320.0	15.00	12.01	10.55	SS

DWASH= MEANS NO CALC MADE (CONC = 0.0)
 DWASH=NO MEANS NO BUILDING DOWNWASH USED
 DWASH=HS MEANS HUBER-SNYDER DOWNWASH USED
 DWASH=SS MEANS SCHULMAN-SCIRE DOWNWASH USED
 DWASH=NA MEANS DOWNWASH NOT APPLICABLE, X<3*LB

 *** REGULATORY (Default) ***
 PERFORMING CAVITY CALCULATIONS
 WITH ORIGINAL SCREEN CAVITY MODEL
 (BRODE, 1988)

*** CAVITY CALCULATION - 1 ***	*** CAVITY CALCULATION - 2 ***
CONC (UG/M**3) = .0000	CONC (UG/M**3) = .0000
CRIT WS @10M (M/S) = 99.99	CRIT WS @10M (M/S) = 99.99
CRIT WS @ HS (M/S) = 99.99	CRIT WS @ HS (M/S) = 99.99
DILUTION WS (M/S) = 99.99	DILUTION WS (M/S) = 99.99
CAVITY HT (M) = 9.14	CAVITY HT (M) = 9.14
CAVITY LENGTH (M) = 52.13	CAVITY LENGTH (M) = 36.78
ALONGWIND DIM (M) = 49.44	ALONGWIND DIM (M) = 160.84

CAVITY CONC NOT CALCULATED FOR CRIT WS > 20.0 M/S. CONC SET = 0.0

 END OF CAVITY CALCULATIONS

 *** SUMMARY OF SCREEN MODEL RESULTS ***

CALCULATION PROCEDURE	MAX CONC (UG/M**3)	DIST TO MAX (M)	TERRAIN HT (M)
SIMPLE TERRAIN	1049.	(50)	0.

 ** REMEMBER TO INCLUDE BACKGROUND CONCENTRATIONS **

09/10/08
15:08:53

*** SCREEN3 MODEL RUN ***
*** VERSION DATED 96043 ***

CES PA FLARE MODELING RUN

SIMPLE TERRAIN INPUTS:

SOURCE TYPE = POINT
EMISSION RATE (G/S) = 1.00000
STACK HEIGHT (M) = 12.1900
STK INSIDE DIAM (M) = .1016
STK EXIT VELOCITY (M/S) = 20.0000
STK GAS EXIT TEMP (K) = 1273.0000
AMBIENT AIR TEMP (K) = 293.0000
RECEPTOR HEIGHT (M) = .0000
URBAN/RURAL OPTION = RURAL
BUILDING HEIGHT (M) = 9.1400
MIN HORIZ BLDG DIM (M) = 49.4400
MAX HORIZ BLDG DIM (M) = 160.8410

THE REGULATORY (DEFAULT) MIXING HEIGHT OPTION WAS SELECTED.
THE REGULATORY (DEFAULT) ANEMOMETER HEIGHT OF 10.0 METERS WAS ENTERED.

BUOY. FLUX = .390 M**4/S**3; MOM. FLUX = .238 M**4/S**2.

*** FULL METEOROLOGY ***

*** SCREEN AUTOMATED DISTANCES ***

*** TERRAIN HEIGHT OF 0. M ABOVE STACK BASE USED FOR FOLLOWING DISTANCES ***

DIST (M)	CONC (UG/M**3)	STAB	U10M (M/S)	USTK (M/S)	MIX HT (M)	PLUME HT (M)	SIGMA Y (M)	SIGMA Z (M)	DWASH
10.	.0000	0	.0	.0	.0	.00	.00	.00	NA
100.	826.0	4	1.5	1.5	480.0	13.08	8.20	8.01	SS
200.	695.0	4	1.0	1.0	320.0	15.16	15.56	10.95	SS
300.	543.2	4	1.0	1.0	320.0	15.16	22.61	14.03	SS
400.	414.0	4	1.0	1.0	320.0	15.16	29.45	17.11	SS
500.	320.2	4	1.0	1.0	320.0	15.16	36.15	20.07	SS
600.	266.8	6	1.0	1.1	10000.0	20.88	21.24	12.51	SS
700.	261.3	6	1.0	1.1	10000.0	20.88	24.46	13.49	SS
800.	245.9	6	1.0	1.1	10000.0	20.88	27.63	14.16	SS
900.	235.0	6	1.0	1.1	10000.0	20.88	30.78	15.02	SS
1000.	223.2	6	1.0	1.1	10000.0	20.88	33.88	15.85	SS
1100.	211.4	6	1.0	1.1	10000.0	20.88	36.96	16.66	SS
1200.	199.8	6	1.0	1.1	10000.0	20.88	40.01	17.44	SS
1300.	188.7	6	1.0	1.1	10000.0	20.88	43.04	18.21	SS
1400.	178.3	6	1.0	1.1	10000.0	20.88	46.05	18.95	SS
1500.	168.5	6	1.0	1.1	10000.0	20.88	49.03	19.68	SS
1600.	159.4	6	1.0	1.1	10000.0	20.88	51.99	20.40	SS
1700.	150.9	6	1.0	1.1	10000.0	20.88	54.94	21.10	SS
1800.	143.3	6	1.0	1.1	10000.0	20.88	57.87	21.23	SS

1900.	136.2	6	1.0	1.1	10000.0	20.88	60.78	21.88	SS
2000.	129.6	6	1.0	1.1	10000.0	20.88	63.68	22.46	SS

MAXIMUM 1-HR CONCENTRATION AT OR BEYOND 10. M:

70.	862.4	6	2.5	2.8	10000.0	13.15	2.96	6.77	SS
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DWASH= MEANS NO CALC MADE (CONC = 0.0)
 DWASH=NO MEANS NO BUILDING DOWNWASH USED
 DWASH=HS MEANS HUBER-SNYDER DOWNWASH USED
 DWASH=SS MEANS SCHULMAN-SCIRE DOWNWASH USED
 DWASH=NA MEANS DOWNWASH NOT APPLICABLE, X<3*LB

 *** SCREEN DISCRETE DISTANCES ***

*** TERRAIN HEIGHT OF 0. M ABOVE STACK BASE USED FOR FOLLOWING DISTANCES ***

DIST (M)	CONC (UG/M**3)	STAB	U10M (M/S)	USTK (M/S)	MIX HT (M)	PLUME HT (M)	SIGMA Y (M)	SIGMA Z (M)	DWASH
13.	.0000	0	.0	.0	.0	.00	.00	.00	NA
76.	858.5	6	2.5	2.8	10000.0	13.29	3.16	7.02	SS

DWASH= MEANS NO CALC MADE (CONC = 0.0)
 DWASH=NO MEANS NO BUILDING DOWNWASH USED
 DWASH=HS MEANS HUBER-SNYDER DOWNWASH USED
 DWASH=SS MEANS SCHULMAN-SCIRE DOWNWASH USED
 DWASH=NA MEANS DOWNWASH NOT APPLICABLE, X<3*LB

 *** REGULATORY (Default) ***
 PERFORMING CAVITY CALCULATIONS
 WITH ORIGINAL SCREEN CAVITY MODEL
 (BRODE, 1988)

*** CAVITY CALCULATION - 1 ***		*** CAVITY CALCULATION - 2 ***	
CONC (UG/M**3)	= .0000	CONC (UG/M**3)	= .0000
CRIT WS @10M (M/S)	= 99.99	CRIT WS @10M (M/S)	= 99.99
CRIT WS @ HS (M/S)	= 99.99	CRIT WS @ HS (M/S)	= 99.99
DILUTION WS (M/S)	= 99.99	DILUTION WS (M/S)	= 99.99
CAVITY HT (M)	= 9.14	CAVITY HT (M)	= 9.14
CAVITY LENGTH (M)	= 52.13	CAVITY LENGTH (M)	= 36.78
ALONGWIND DIM (M)	= 49.44	ALONGWIND DIM (M)	= 160.84

CAVITY CONC NOT CALCULATED FOR CRIT WS > 20.0 M/S. CONC SET = 0.0

 END OF CAVITY CALCULATIONS

*** INVERSION BREAK-UP FUMIGATION CALC. ***
 CONC (UG/M**3) = .0000
 DIST TO MAX (M) = 240.98

DIST TO MAX IS < 2000. M. CONC SET = 0.0

*** SUMMARY OF SCREEN MODEL RESULTS ***

CALCULATION PROCEDURE	MAX CONC (UG/M**3)	DIST TO MAX (M)	TERRAIN HT (M)
-----	-----	-----	-----
SIMPLE TERRAIN	862.4	70.	0.

** REMEMBER TO INCLUDE BACKGROUND CONCENTRATIONS **

FORMS AND TABLES



Texas Commission on Environmental Quality
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Update: The TCEQ requires that a Core Data Form be submitted on all incoming applications unless a Regulated Entity and Customer Reference Number have been issued by the TCEQ and no core data information has changed. For more information regarding the Core Data Form, call (512) 239-5175 or go to the TCEQ Web site at www.tceq.state.tx.us/permitting/central_registry/guidance.html.

I. APPLICANT INFORMATION		
A. Company or Other Legal Name: CES Environmental Services, Inc.		
Texas Secretary of State Charter/Registration Number (if applicable):		
B. Company Official Contact Name: Matt Bowman		
Title: President		
Mailing Address: 4904 Griggs		
City: Houston	State: TX	Zip Code: 77021
Telephone No: 713-676-1460	Fax No.: 713-676-1676	E-mail Address: mbowman@cesenvironmental.com
C. Technical Contact Name: Philip Evans		
Title: Director Technical Services		
Company Name: The WCM Group, Inc.		
Mailing Address: PO Box 3247		
City: Humble	State: Texas	Zip Code: 77347
Telephone No.: 281-446-7070	Fax No.: 281-446-3348	E-mail Address: pevans@wcmgroup.com
D. Facility Location Information:		
Street Address: 2420 South Gulfway Drive		
If no street address, provide clear driving directions to the site in writing:		
City: Port Arthur	County: Jefferson	Zip Code: 77336
E. TCEQ Account Identification Number (leave blank if new site or facility):		
F. Is a TCEQ Core Data Form (TCEQ Form No. 10400) attached?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
G. TCEQ Customer Reference Number (leave blank if unknown): CN600618946		
H. TCEQ Regulated Entity Number (leave blank if unknown): RN105156111		
II. IMPORTANT GENERAL INFORMATION		
A. Is confidential information submitted with this application?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," is each "confidential" page marked "CONFIDENTIAL" in large red letters?		<input type="checkbox"/> YES <input type="checkbox"/> NO



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II. IMPORTANT GENERAL INFORMATION (continued)								
B. Is this application in response to a TCEQ investigation or enforcement action? If "YES", attach a copy of any correspondence from the TCEQ		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
C. Number of New Jobs: 10								
D. Names of the State Senator and district number for this facility site: Senator Kyle Janek 17 Names of State Representative and district number for this facility site: Representative Joe D. Deshotel - 22								
E. For Concrete Batch Plants, name of the County Judge for this facility site:								
Mailing Address:								
City:	State:	Zip Code:						
F. For Concrete Batch Plants, is the facility located in a municipality or an extraterritorial jurisdiction of a municipality? If "YES," list the name(s) of the Presiding Officer(s) for this facility site:		<input type="checkbox"/> YES <input type="checkbox"/> NO						
Mailing Address:								
City:	State:	Zip Code:						
III. FACILITY AND SOURCE INFORMATION								
A. Site Name: CES Environmental Services, Inc. - Port Arthur								
B. Area Name/Type of Facility: CES Environmental Services, Inc. - Port Arthur		<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Portable						
C. Principal Company Product or Business: Chemical Manufacturing Principal Standard Industrial Classification Code: 2819								
D. Projected Start of Construction Date: October 2008		Projected Start of Operation Date: October 2008						
IV. TYPE OF PERMIT ACTION REQUESTED								
A. Permit Number (if existing): N/A								
B. Is this an initial permit application?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
If "YES," check the type of permit requested (check <u>all</u> that apply): <table style="width: 100%;"><tr><td><input checked="" type="checkbox"/> State Permit</td><td><input type="checkbox"/> Nonattainment Federal Permit</td></tr><tr><td><input type="checkbox"/> Flexible Permit</td><td><input type="checkbox"/> Prevention of Significant Deterioration Federal Permit</td></tr><tr><td><input type="checkbox"/> Multiple Plant Permit</td><td><input type="checkbox"/> Hazardous Air Pollutants Permit Federal Clean Air Act § 112(g)</td></tr></table> Other: _____			<input checked="" type="checkbox"/> State Permit	<input type="checkbox"/> Nonattainment Federal Permit	<input type="checkbox"/> Flexible Permit	<input type="checkbox"/> Prevention of Significant Deterioration Federal Permit	<input type="checkbox"/> Multiple Plant Permit	<input type="checkbox"/> Hazardous Air Pollutants Permit Federal Clean Air Act § 112(g)
<input checked="" type="checkbox"/> State Permit	<input type="checkbox"/> Nonattainment Federal Permit							
<input type="checkbox"/> Flexible Permit	<input type="checkbox"/> Prevention of Significant Deterioration Federal Permit							
<input type="checkbox"/> Multiple Plant Permit	<input type="checkbox"/> Hazardous Air Pollutants Permit Federal Clean Air Act § 112(g)							



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IV. TYPE OF PERMIT ACTION REQUESTED (continued)		
C. Is this a permit amendment? If "YES," check the type of permit requested (<i>check all that apply</i>): <input type="checkbox"/> State Permit Amendment <input type="checkbox"/> Flexible Permit Amendment <input type="checkbox"/> Multiple Plant Permit Amendment <input type="checkbox"/> Nonattainment Major Modification <input type="checkbox"/> Prevention of Significant Deterioration Major Modification <input type="checkbox"/> Hazardous Air Pollutants Permit Federal Clean Air Act § 112(g) Modification Other: _____		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
D. Is a permit renewal application being submitted in conjunction with this amendment in accordance with Senate Bill 1673? [THSC 382.055(a)(2)](80th Legislative)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
E. Is this application for a change in location of previously permitted facilities?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," answer E. 1. and E. 2.		
1. Current location of facility: Street Address (<i>If no street address, provide clear driving directions to the site in writing.</i>): _____		
City: _____	County: _____	Zip Code: _____
2. Will the proposed facility, site, and plot plan meet all current technical requirements of the permit special conditions? If "NO," attach detailed information.		<input type="checkbox"/> YES <input type="checkbox"/> NO
F. Are there any standard permits, exemptions or permits by rule to be consolidated into this permit?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
G. Are you permitting a facility or group of facilities that have planned maintenance, startup and shutdown emissions that cannot be authorized by a permit by rule or standard permit or that are authorized by a permit by rule or standard permit and are being rolled into this permit? If "YES," attach information on any changes to emissions under this application as specified in Section VIII. and Section IXX.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," answer G. 1 through G. 3.		
1. Are the activities to be included in this permit covered by any previously existing MSS authorizations? If "YES," provide a listing of all other authorizations (permit by rule or standard permit and the associated registration number if any).		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Have the emissions been previously submitted as part of an emissions inventory?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. List which years the MSS activities were included in emissions inventory submittals:		



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IV. TYPE OF PERMIT ACTION REQUESTED <i>(continued)</i>	
H. Federal Operating Permit Requirements (30 TAC Chapter 122 Applicability) Is this facility located at a site required to obtain a federal operating permit under 30 TAC Chapter 122?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> To be Determined
1. Identify the requirements of 30 TAC Chapter 122 that will be triggered if this PI-1 application is approved. <input type="checkbox"/> FOP Significant Revision <input type="checkbox"/> FOP Minor <input type="checkbox"/> Application for an FOP Revision <input type="checkbox"/> Operational Flexibility/Off-Permit Notification <input type="checkbox"/> Streamlined Revision for GOP <input type="checkbox"/> To be determined <input checked="" type="checkbox"/> None	
2. Identify the type(s) of FOP(s) issued and/or FOP application(s) submitted/pending for the site (check all that apply)	
<input type="checkbox"/> SOP <input type="checkbox"/> GOP <input type="checkbox"/> GOP application/revision application: submitted or under APD review	
<input type="checkbox"/> SOP application/revision application: submitted or under APD review <input type="checkbox"/> N/A	
V. PERMIT FEE INFORMATION	
A. Fee paid for this application:	\$ 1064
1. Is a copy of the check or money order attached to the original submittal of this application?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2. Is a Table 30 entitled, "Certification of estimated Capital Cost and Fee Verification," attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
VI. PUBLIC NOTICE APPLICABILITY	
A. Is this a new permit application?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
B. Is this an application for a major modification of a PSD, NA or 30 TAC § 112(g) permit?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. Is this a state permit amendment application?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," answer C. 1. through C. 3.	
1. Is there any change in character of emissions in this application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is there a new air contaminant in this application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Do the facilities handle, load, unload, dry, manufacture, or process grain, seed, legumes, or vegetables fibers (agricultural facilities)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. List the total annual emission increases associated with the application (<i>list all that apply</i>):	
Volatile Organic Compounds (VOC): _____ tpy	Particulate Matter (PM): _____ tpy
Sulfur Dioxide (SO ₂): _____ tpy	Lead (Pb): _____ tpy
Carbon Monoxide (CO): _____ tpy	Nitrogen oxides (NO _x): _____ tpy
Other air contaminants not listed above: _____ tpy	List: _____ tpy



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VI. PUBLIC NOTICE APPLICABILITY <i>(continued)</i>			
D. Is this a change of location application?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," answer D. 1. through D. 3.			
1. Is the new facility site located in or contiguous to the right-of-way of a public works project?			<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Is there a permitted facility occupying the new site?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES," please list the permit number:			
3. Have portable facilities occupied the new site at any time in the last two years?			<input type="checkbox"/> YES <input type="checkbox"/> NO
VII. PUBLIC NOTICE INFORMATION <i>(complete if applicable)</i>			
A. Responsible Person:			
Name: Matt Bowman		Title: President	
Mailing Address: 4904 Griggs Road			
City: Houston	State: Texas		Zip Code: 77021
Telephone No.: 713-676-1460	Fax No.: 713-676-1676	E-mail Address: mbowman@cesevironmental.com	
B. Technical Contact:			
Company Name: The WCM Group, Inc.			
Name: Phil Evans		Title: Director	
Mailing Address: PO Box 3247			
City: Humble	State: TX		Zip Code: 77347
Telephone No.: 281-446-7070	Fax No.: 281-446-3348	E-mail Address: pevans@wcmgroup.com	
C. Application in Public Place:			
Name of Public Place: Port Arthur Public Library			
Physical Address: 4615 9 th Ave	City: Port Arthur		County: Jefferson
The public place has granted authorization to place the application for public viewing and copying?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
D. Is a bilingual program required by the Texas Education Code in the School District?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Are the children who attend either the elementary school or the middle school closest to your facility eligible to be enrolled in a bilingual program provided by the district?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If yes, which language is required by the bilingual program?			Spanish <input type="checkbox"/> YES <input type="checkbox"/> NO



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VIII. SMALL BUSINESS CLASSIFICATION <i>(required)</i>	
A. Does this company (including parent companies and subsidiary companies) have fewer than 100 employees or less than \$6 million in annual gross receipts?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. Is the site a major source under 30 TAC Chapter 122, Federal Operating Permit Program?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. Are the site emissions of any individual air contaminant greater than 50 tpy?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
D. Are the site emissions of all air contaminants combined greater than 75 tpy?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
IX. TECHNICAL INFORMATION	
A. Is a current area map attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Are any schools located within 3,000 feet of this facility?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. Is a plot plan of the plant property attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. Is a process flow diagram and a process description attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
D. Maximum Operating Schedule: 16 Hours/Day <u>5</u> Days/Week 52 Weeks/Year	
Seasonal Operation?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," please describe	
E. Are worst-case emissions data and calculations attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
1. Is a Table 1(a) entitled, "Emission Point Summary Table," attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. Is a Table 2 entitled, "Material Balance Table," attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3. Are equipment, process, or control device tables attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
F. Are actual emissions for the last two years (determination federal applicability) attached?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
X. STATE REGULATORY REQUIREMENTS <i>Applicants must be in compliance with all applicable state regulations to obtain a permit or amendment.</i>	
A. The emissions from the proposed facility will comply with all rules and regulations of the TCEQ and details are attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
B. The proposed facility will be able to measure emissions of significant air contaminants and details are attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. A demonstration of Best Available Control Technology (BACT) is attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
D. The proposed facilities will achieve the performance in the permit application and compliance demonstration or record keeping information is attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
E. Is atmospheric dispersion modeling attached?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO



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X. STATE REGULATORY REQUIREMENTS (continued) <i>Applicants must be in compliance with all applicable state regulations to obtain a permit or amendment.</i>	
F. Does this application involve any air contaminants for which a "disaster review" is required? If "YES," details must be attached.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>Note: For a list of air contaminants for which a "disaster review" will be required, refer to the NSRPD Disaster Review Guidance Document at www.tceq.state.tx.us/permitting/air/rules/federal/63/63hmpg.html.</i>	
G. Is this facility or group of facilities located at a site within an Air Pollutant Watch List (APWL) area?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," answer G. 1. through G. 3.	
1. List the APWL Site Number	
2. Does the site emit a pollutant of concern for the APWL area in which the site is located?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. If "YES," list the pollutant(s) of concern emitted by this site:	
H. Is this facility or group of facilities located at a site within the Houston/Galveston nonattainment area? (Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, or Waller Counties)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
1. Does the facility or group of facilities located at this site have an uncontrolled design capacity to emit 10 tpy or more of NO _x ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Is this site subject to 30 TAC Chapter 101, Subchapter H, Division 3 (Mass Emissions Cap and Trade)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Does this action make the site subject to 30 TAC Chapter 101, Subchapter H, Division 3 (Mass Emissions Cap and Trade)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Does this action require the site to obtain additional emission allowances?	<input type="checkbox"/> YES <input type="checkbox"/> NO
XI. FEDERAL REGULATORY REQUIREMENTS <i>Applicants must be in compliance with all applicable federal regulations to obtain a permit or amendment. If any of the following questions is answered "YES, the application must contain detailed attachments addressing applicability, identify federal regulation Subparts, show how requirements are met, and include compliance information.</i>	
A. Does a Title 40 Code of Federal Regulations Part 60, (40 CFR Part 60) New Source Performance Standard (NSPS) apply to a facility in this application?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. Does 40 CFR Part 61, National Emissions Standard for Hazardous Air Pollutants (NESHAP) apply to a facility in this application?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. Does a 40 CFR Part 63, Maximum Achievable Control Technology (MACT) standard apply to a facility in this application?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
D. Does nonattainment permitting requirements apply to this application?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
E. Does prevention of significant deterioration permitting requirements apply to this application?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
F. Does Hazardous Air Pollutant Major Source [FAA § 112(g)] requirements apply to this application?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
XII. COPIES OF THIS APPLICATION	
A. Has the required fee been sent separately with a copy of this Form PI-1 to the TCEQ Revenue Section? (MC 214, P.O. Box 13088, Austin, Texas 78711).	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA



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XII. COPIES OF THIS APPLICATION <i>(continued)</i>	
B. Are the Core Data Form, Form PI-1, and all attachments being sent to the TCEQ in Austin?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
OPTIONAL: Has an extra copy of the Core Data Form, Form PI-1 and all attachments been sent to the TCEQ in Austin? If "YES," please mark this application as "COPY."	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. Is a copy of the Core Data Form, the Form PI-1, and all attachments being sent to the appropriate TCEQ regional office	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
D. Is a copy of the Core Data Form, the Form PI-1, and all attachments being sent to each appropriate local air pollution control program(s)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
List all local air pollution control program(s):	
E. Is a copy of the Core Data Form, Form PI-1, and all attachments (without confidential information) being sent to the EPA Region 6 office in Dallas, Texas? (federal applications only)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
F. This facility is located within 100 kilometers of the Rio Grande River and a copy of the application was sent to the International Boundary Water Commission (IBWC):	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
G. This facility is located within 100 kilometers of a federally-designated Class I area and a copy of the application was sent to the appropriate Federal Land Manager:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
XIII. PROFESSIONAL ENGINEER (P.E.) SEAL	
Is the estimated capital cost of the project greater than \$2 million dollars? If "YES," the application must be submitted under the seal of a Texas licensed Professional Engineer (P.E.).	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
XIV. DELINQUENT FEES AND PENALTIES	
Notice: This form will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of the TCEQ are paid in accordance with the "Delinquent Fee and Penalty Protocol." For more information regarding Delinquent Fees and Penalties, go to the TCEQ Web site at: www.tceq.state.tx.us/agency/delin/index.html .	
XV. SIGNATURE	
The signature below confirms that I have knowledge of the facts included in this application and that these facts are true and correct to the best of my knowledge and belief. I further state that to the best of my knowledge and belief, the project for which application is made will not in any way violate any provision of the Texas Water Code (TWC), Chapter 7, Texas Clean Air Act (TCAA), as amended, or any of the air quality rules and regulations of the Texas Commission on Environmental Quality or any local governmental ordinance or resolution enacted pursuant to the TCAA. I further state that I understand my signature indicates that this application meets all applicable nonattainment, prevention of significant deterioration, or major source of hazardous air pollutant permitting requirements. I further state that I have read and understand TWC §§ 7.177-7.183, which defines <u>CRIMINAL OFFENSES</u> for certain violations, including intentionally or knowingly making or causing to be made false material statements or representations in this application, and TWC § 7.187, pertaining to <u>CRIMINAL PENALTIES</u> .	
NAME: <u>Math Bowman</u>	SIGNATURE: <u>[Signature]</u> DATE: <u>10-8-08</u>
Original Signature Required	

CES ENVIRONMENTAL SERVICES, INC.

4904 GRIGGS ROAD
HOUSTON, TEXAS 77021
(713) 676-1460

BANK OF AMERICA, NA
35-2/1130

40858

10/9/2008

PAY TO THE
ORDER OF

TCEQ

\$ **1,064.00

One Thousand Sixty-Four and 00/100*****

DOLLARS

TCEQ
Cashiers Office MC-214
PO Box 13088
Austin, TX 78711-3088

MEMO

Air permit - Port Arthur facility

⑈040858⑈

(b) (6)

Tracy Bowen

CES ENVIRONMENTAL SERVICES, INC.

40858

TCEQ

10/9/2008

Air permit - Port Arthur facility

1,064.00

CES Environmental S Air permit - Port Arthur facility

1,064.00

EPAHO043001028

TABLE 2

MATERIAL BALANCE

This material balance table is used to quantify possible emissions of air contaminants and special emphasis should be placed on potential air contaminants, for example: If feed contains sulfur, show distribution to all products. Please relate each material (or group of materials) listed to its respective location in the process flow diagram by assigning point numbers (taken from the flow diagram) to each material.

LIST EVERY MATERIAL INVOLVED IN EACH OF THE FOLLOWING GROUPS	Point No. from Flow Diagram	Process Rate (lbs/hr or SCFM) standard conditions: 70°F 14.7 PSIA. Check appropriate column at right for each process.			
			Measurement	Estimation	Calculation
1. Raw Materials - Input					
Sulfidic Caustic	1	36,000		X	
Sulfuric Acid	2	916		X	
Hydrogen Peroxide	3	4865		X	
Sodium Hydroxide	4	705		X	
2. Fuels - Input					
N/A					
3. Products & By-Products - Output					
Sodium Hydrosulfide	5	570		X	
SIB Oil	6	388		X	
4. Solid Wastes - Output					
N/A					
5. Liquid Wastes - Output					
Wastewater	7	38,400		X	
6. Airborne Waste (Solid) - Output					
N/A					
7. Airborne Wastes (Gaseous) - Output					
Volatile Organics	8	0.03			X
Hydrogen Sulfide		0.0006			
Sulfur Dioxide		0.053			

10/93

TABLE 8
FLARE SYSTEMS

Number from Flow Diagram N/A		Manufacturer & Model No. (if available) Tornado Air Assist Flare		
CHARACTERISTICS OF INPUT				
Waste Gas Stream	Material	Min. Value Expected	Ave. Value Expected	Design Max.
		(scfm [68°F, 14.7 psia])	(scfm [68°F, 14.7 psia])	(scfm [68°F, 14.7 psia])
	1. air with sulfur compounds	200	200	264
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			
% of time this condition occurs				
		Flow Rate (scfm [68°F, 14.7 psia])		Temp. °F
		Minimum Expected	Design Maximum	Pressure (psig)
Waste Gas Stream		220	224.7	100
Fuel Added to Gas Steam		39.3	39.3	100
	Number of Pilots	Type Fuel	Fuel Flow Rate (scfm [70°F & 14.7 psia]) per pilot	
	one	Propane	0.33	
For Stream Injection	Stream Pressure (psig)		Total Stream Flow	Temp. °F
	Min. Expected		Rate (lb/hr)	
N/A				
	Number of Jet Streams	Diameter of Steam Jets (inches)		Design basis for steam injected (lb steam/lb hydrocarbon)
For Water Injection	Water Pressure (psig)		Total Water Flow Rate (gpm)	No. of Water Jets
N/A	Min. Expected Design Max.		Min. Expected Design Max.	Diameter of Water Jets (inches)
Flare Height (ft) 40		Flare tip inside diameter (ft) 0.333		
Capital Installed Cost \$ 50,000		Annual Operating Cost \$ 500		

Supply an assembly drawing, dimensioned and to scale, to show clearly the operation of the flare system. Show interior dimensions and features of the equipment necessary to calculate its performance. Also describe the type of ignition system and its method of operation. Provide an explanation of the control system for steam flow rate and other operating variables.

05/96

Attached



Texas Commission on Environmental Quality
Table 30
Estimated Capital Cost and Fee Verification

Include estimated cost of the equipment and services that would normally be capitalized according to standard and generally accepted corporate financing and accounting procedures. Tables, checklists, and guidance documents pertaining to air quality permits are available from the Texas Commission on Environmental Quality, Air Permits Division Web site at www.tnrcc.state.tx.us/permitting/airperm.

I. DIRECT COSTS [30 TAC § 116.141(c)(1)]	Estimated Capital Cost
A. A process and control equipment not previously owned by the applicant and not currently authorized under this chapter	\$ 19,00
B. Auxiliary equipment, including exhaust hoods, ducting, fans, pumps, piping, conveyors, stacks, storage tanks, waste disposal facilities, and air pollution control equipment specifically needed to meet permit and regulation requirements	\$ 62,340
C. Freight charges	\$ 10,000
D. Site preparation, including demolition, construction of fences, outdoor lighting, road and parking areas	\$ 8,800
E. Installation, including foundations, erection of supporting structures, enclosures or weather protection, insulation and painting, utilities and connections, process integration, and process control equipment	\$ 160,000
F. Auxiliary buildings, including materials storage, employee facilities, and changes to existing structures	\$ 61,000
G. Ambient air monitoring network	\$ 6,0000
II. INDIRECT COSTS [30 TAC § 116.141(c)(2)]	Estimated Capital Cost
A. Final engineering design and supervision, and administrative overhead	\$ 0
B. Construction expense, including construction liaison, securing local building permits, insurance, temporary construction facilities, and construction clean-up	\$ 12,000
C. Contractor's fee and overhead	\$ 15,800
TOTAL ESTIMATED CAPITAL COST	\$ 354,940

I certify that the total estimated capital cost of the project as defined in 30 TAC § 116.141 is equal to or less than the above figure. I further state that I have read and understand Texas Water Code § 7.179, which defines **CRIMINAL OFFENSES** for certain violations, including intentionally or knowingly making, or causing to be made, false material statements or representations.

Company Name: CES Environmental Services

Company Representative Name (please print): Matt Bowman Title: President

Company Representative Signature: 

Estimated Capital Cost	Permit Application Fee	PSD/Nonattainment Application Fee
Less than \$ 300,000	\$900 (minimum fee)	\$3,000 (minimum fee)
\$300,000 to \$25,000,000	0.30% of capital cost	-----
\$300,000 to \$ 7,500,000	-----	1.0% of capital cost
Greater than \$ 25,000,000	\$75,000 (maximum fee)	-----
Greater than \$ 7,500,000	-----	\$75,000 (maximum fee)

PERMIT APPLICATION FEE (from table above) = \$ 1,064

Date: 10/9/08

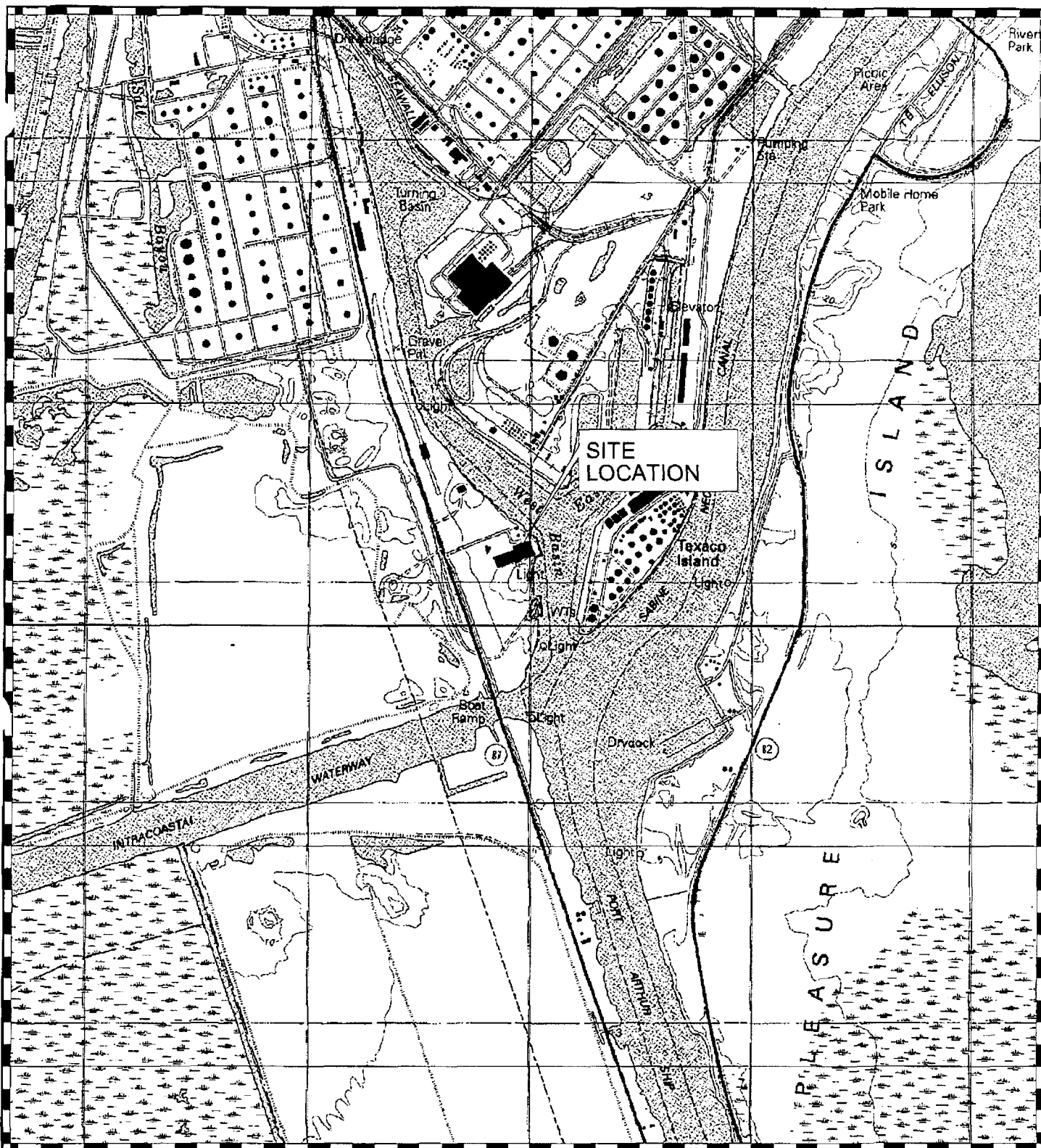
TCEQ-10196 [Revised 04-15-03]

Table 30 - This form is for use by facilities subject to Air New Source Review permit requirements and may be revised. [ANSRG95A/7024-v2]

EPAHQ043001031

FIGURES

FIGURE 1
AREA MAP



1320 0 1320
1:24,000 1" = 2000 feet feet



AREA MAP
CES ENVIRONMENTAL SERVICES, INC.
2420 SOUTH GULFWAY DRIVE
PORT ARTHUR, JEFFERSON COUNTY, TEXAS



FIGURE

1

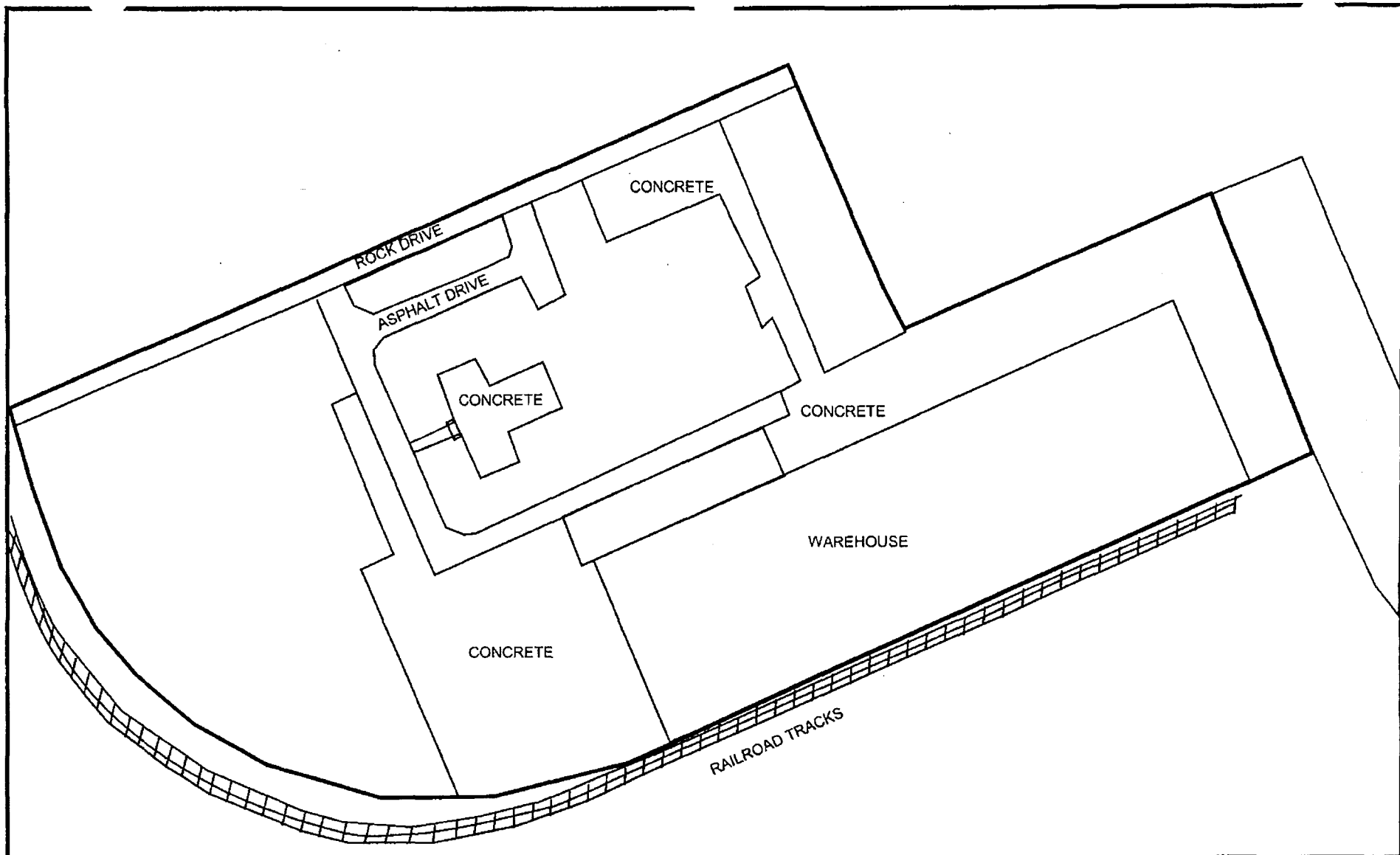
Reproduced from 7.5' U.S.G.S. Topographic Quadrangle: Port Arthur South, Texas; Zone 15

DRAWN BY: LLS DATE: 08-08-2008

FILE: H:\client-CES-Pt Arthur-PT ART Topo.geo

EPAHO043001034

FIGURE 2
FACILITY SITE MAP



The WCM Group, Inc.
P. O. Box 3247
Humble, TX 77347-3247
(281) 446-7070 Fax (281) 446-3348

SITE PLAN

CES ENVIRONMENTAL SERVICES, INC.
2420 SOUTH GULFWAY DRIVE
PORT ARTHUR, JEFFERSON COUNTY, TEXAS

DRAWN BY: **LLS**
DATE: **08/08/2008**
REV. DATE:
DRAWING ID: H:\client\CES\Port Arthur\PA Site.cvx

Approx. Scale in Feet
0 50 100

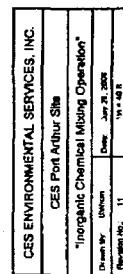
FIGURE

2



EPAHQ043001036

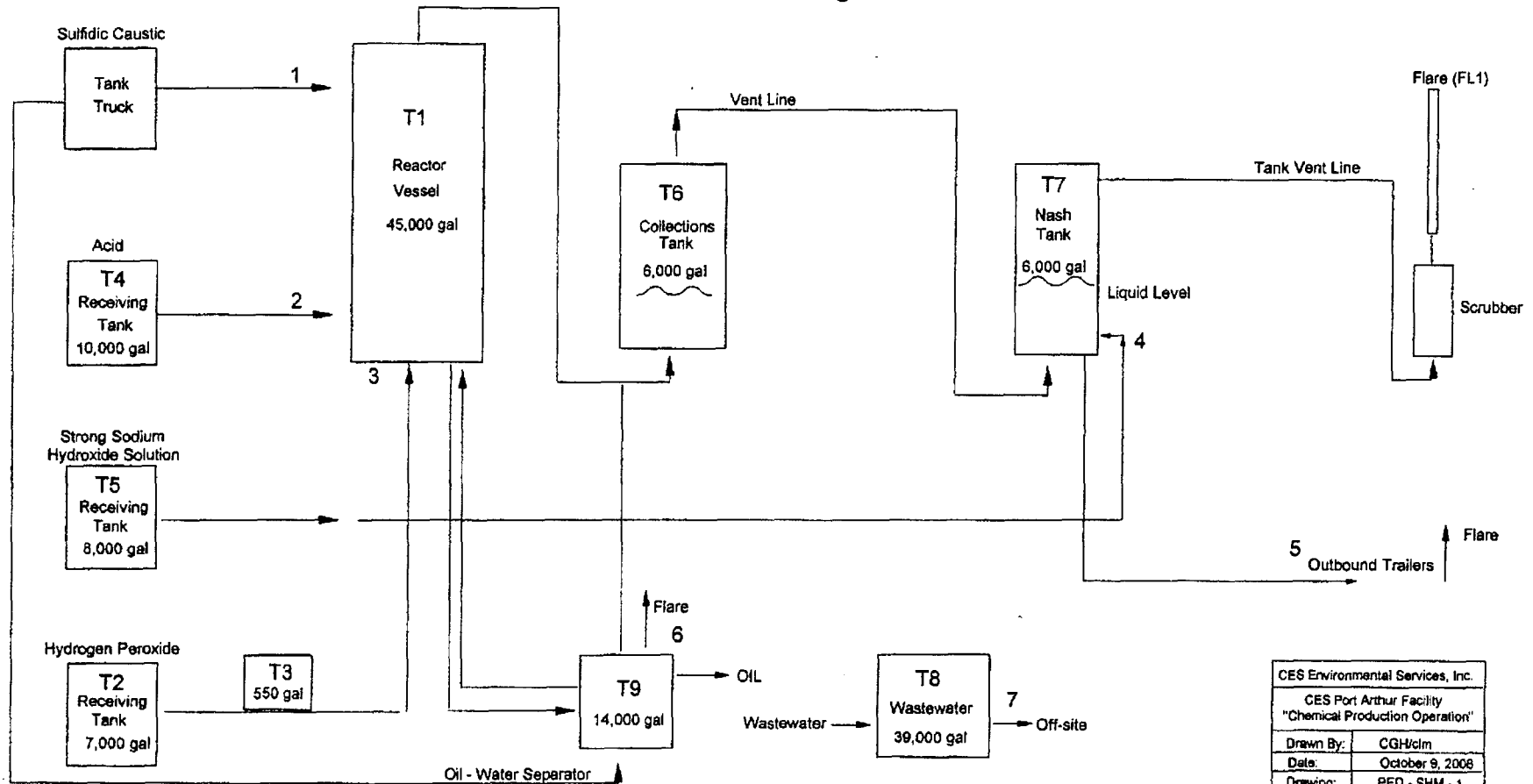
FIGURE 3
EQUIPMENT LAYOUT



KMTX
Tank Farm

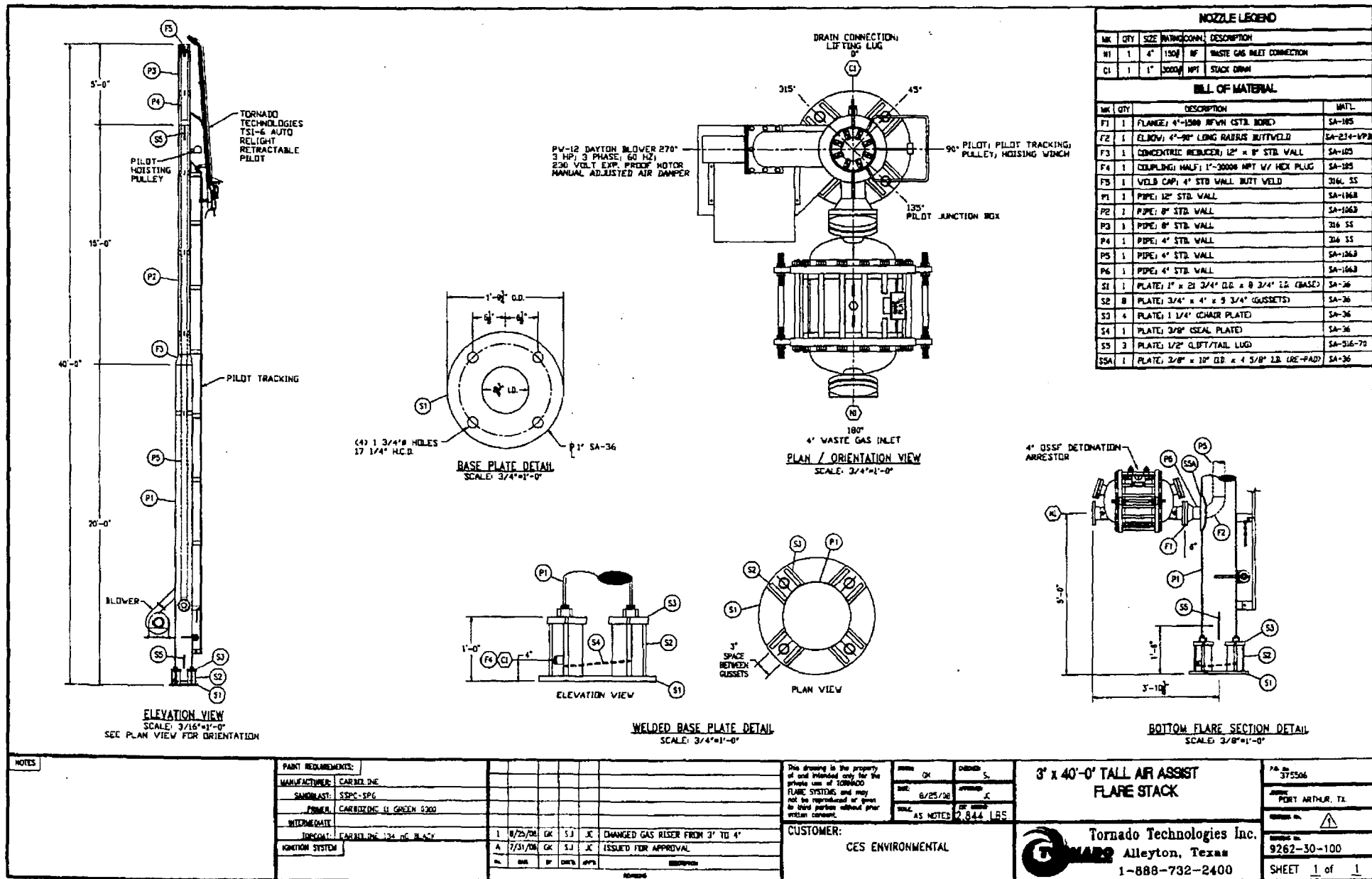
FIGURE 4
PROCESS FLOW DIAGRAM

CES Port Arthur Inorganic Chemical Production Operation Process Flow Diagram



CES Environmental Services, Inc.	
CES Port Arthur Facility "Chemical Production Operation"	
Drawn By:	CGH/cim
Date:	October 9, 2008
Drawing:	PFD - SHM - 1

FIGURE 5
TORNADO FLARE SCHEMATIC





5854 IH 10
Alleyton, TX 78935
Phone: 979-732-8193
Fax: 979-732-2393
Toll Free: 888-732-2400
E-Mail: g_kazmir@tornadotech.com
Web Site: www.tornadotech.com

Re: 4" x 40'-0" Tall Air Assist Flare
Tornado Quotation No.: 0000-08-07-10

REV. 2

DESIGN DATA (INERT CASE):

Design Flow Rate: **264 SCFM**

Make up Gas (Propane) added to Waste Gas Stream to get the heating value up to 300 btu/scf with the design flow rate of 264 scfm: **39.3 scfm**

Waste Gas Composition: **Inert Vapors**

Mole Wt: **28.0134**

Design Temperature: **100 Degrees F**

Allowable Pressure Drop: **2 PSI.**

Pressure Drop across Flare and 4" OSSF Detonation Arrestor: **7.3" W.C.**

DESCRIPTION OF FLARE

- Self Supported Design (100 mph wind speed)
- SA-36 Carbon Steel Base Plate with Gussets
- Carbon Steel main Structure
- 304 Stainless Steel Flare Tip Section – Both for the Waste Gas Riser and the Air Annulus Tip
- 4"-150# RF Waste Gas Inlet Connection
- Tornado's Standard 2 Coat Paint System (Top Coat Color: Gloss Black)
- 1" x 2" Pilot Tracking System to raise and lower the pilot
- One (1) Dayton Blower – 3 HP, 3 Phase, 60 HZ, Explosion Proof 230 Volt Motor (Blower C/W Manual Outlet Damper, and Inlet Screen) Motor Starter by Client

Note: This blower will be a single speed blower with a manual operated outlet damper that is adjusted according to the amount of air needed to give a clean burn.

Description of a TSI-6 TPMR-A Natural Gas Retractable Pilot System:

The Tornado TSI-6 natural gas Retractable pilot, C/W relight capabilities. The standard Tornado retractable pilot, model TSI-6 is manufactured to mount on the Tornado Flare Stack Tracking System. This allows you to raise and lower the pilot from grade level to the flare tip with a simple hoisting winch, saving you the expense of man lifts and or cranes, should your pilot ever need repair. This pilot will come with Fuel Hose and 16-4 SOW Electrical Cable. This pilot operates on a natural gas fuel supply of 12-15 psig and consumes approximately 20 scfh. (Extremely fuel-efficient compared to the other pilot systems on the market.) A Silicon Carbide nozzle assembly is mounted at the tip of the pilot with horizontal ports allowing fine blue flames to protrude into the waste gas stream. The Tornado Pilot Assembly consists of the following:

- Silicon Carbide Nozzle Assembly
- 310 Stainless Steel Nozzle Mounting Plate and Nozzle Cage
- 304 Stainless Steel, 2" Diameter Main Body Assembly (Ignitor Head)
- 304 Stainless Steel, 3" Diameter Air Inlet Housing
- ¼" Fuel Gas Inlet
- Internal Stainless Steel Tubing, Venturi and Mixer Assemblies

An Automatic Re-Light Package is mounted "piggyback" on this pilot system. The automatic re-light system consists of the following components:

- ✓ Flame Front Solenoid Valve
- ✓ NEMA 4 Transformer Enclosure
- ✓ NTK® Spark Transformer
- ✓ Tornado 4M4 Spark Electrode With Wire and Boot
- ✓ 1" Stainless Steel Flame Front Tube
- ✓ Stainless Steel Tubing with Air Intake Chamber, Orifice, and Venturi

The provided ¼" flexible fuel hose will connect to the fuel gas inlet connection on the pilot and runs down to the base of the stack, connecting to a Regulator, provided by Tornado. The provided 16-4 SOW Cable runs from the Transformer mounted on the Pilot, to the junction box mounted at the base of the flare. Two of the wires in this cable serve as thermocouple wires and the remaining two serve as power for the solenoid and spark transformer. You as the client will supply the wiring from the Control Panel to the Junction Box mounted at the base of the flare.

A 110 Volt Pilot Control Panel is included to light and monitor the pilot. A Timer, temperature switch, relays, terminals, etc. are mounted inside a NEMA 4X, non-metallic enclosure, for "unclassified" electrical areas. The control panel monitors the pilot via a type "k" thermocouple mounted in the pilot nozzle. The system will attempt a relight sequence, should the pilot be extinguished, for a set time period. If the pilot fails to relight, a red pilot fail indicator will illuminate. The pilot control panel includes a power on/off switch, three-position selector switch (hand/off/auto), white power on lamp, a green pilot prove lamp, and a red pilot fail lamp.

DESCRIPTION OF THE DETONATION ARRESTOR

Tornado Technologies OSSF Sure Stop Detonation Arrestors are passive devices that have been designed to prevent the propagation of flame fronts back through transmission lines and piping configurations.

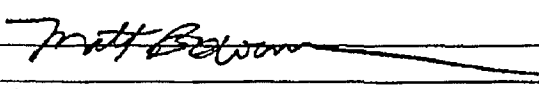
Tornado Detonation Arrestors (DA's) allow gas or vapor to pass through, but will stop dead even supersonic explosions. Our unique patented flame-quenching cell is unlike any in the industry.

Most DA manufacturers use conventional crimped-ribbon Flame Arrestor cells and simply stack multiple cells together. Tornado spent countless hours of research to develop a patented alumina ceramic media system. The oxidization and corrosion-proof beads act as a maze to the flame, allowing total protection and the longest continuous burn ratings in the industry.

The 4" OSSF Detonation Arrestor will include the following features:

- Carbon Steel Flame Cell Housing
- 304 Stainless Steel Flame Cell Grids
- Alumina Ceramic Flame Quenching Media (Beads)
- Carbon Steel Threaded Couplings for Differential Pressure, Temperature Monitoring, Media Fill and Drain
- 4"-150LB Carbon Steel Raised Face Inlet/Outlet Connections (Bi-Directional)
- United States Coast Guard Accepted, **Type I Burn Endurance** Tested (2 Hour Burn Time)
- Meets and Exceeds CSA-Z343 – Rev 12
- Gas Classifications: NEC Group C and D Gasses
- Removable Flame Cell, Cleanable to "As New" Condition if Performed by Tornado Technologies, Inc.

**New Source Review (NSR) Air Permits
Change of Name/Ownership Request Form**

Previous Name of the Owner or Operator of the Facilities or Equipment:	
Name: CES Environmental Services, Inc.	
Name of the New Owner or Operator of the Facilities or Equipment (Legal Entity Name that the permit or registration will be changed to)	
Name: Port Arthur Chemical Environmental Services, LLC	
Effective Date of the change of Name/Ownership/Operator of the Facilities or Equipment:	
10/14/2008	
Responsible Official Contact Information (TCEQ response will be mailed to this person)	
Name: Matt Bowman	
Title: President	
Mailing Address: 4904 Griggs Road, Houston, TX 77021	
Phone No.: 713-676-1460	Fax No.: 713-676-1676
E-mail Address: mbowman@cesenvironmental.com	
List each NSR Air Permit/Registration Number associated with the purchase of the facilities or equipment:	
Reg 86173, Project 141597	
Conditions for Change of Ownership under 30 TAC § 116.110(e):	
<ul style="list-style-type: none">• The new owner agrees to be bound by all the permit conditions and all representations made in the permit and any amendments and alterations.• The new owner asserts there will be no change in the type of pollutants emitted.• The new owner asserts there will be no increase in the quantity of pollutants emitted.	
Authorization	
Signature of Responsible Official: 	
Print Name of Responsible Official: Matt Bowman	
Title: President	
Date: 11/12/2008	

The requested information above is required and cannot be processed if it is not completed.

This form is to be filled out by the new owner of the **facilities or equipment that is authorized by an NSR Air permit or registration**. Attach a core data form (TCEQ Form No. 10400) for each RN/account number. You may obtain a copy of the core data form at www.tceq.state.tx.us/comm_exec/forms_pubs/search_forms.html. The new owner is responsible for any upcoming permit renewal requirements.

If you are a Title V Federal Operating Permit holder requesting a change of name/ownership, Title 30 TAC § 122.211 requires that changes to the permit identification of ownership or operational control of a site are an administrative revision to the permit. In order to facilitate the administrative revision, please submit the following forms: OP-2 and OP-CR01. Also, make sure the information requested on form OP-1 sections I, II A and B, and VI is submitted in the revision application along with an indication of permit responsibility, coverage, and liability between the old and new permit holder.

5330018.NSRWks.doc

EPAHO043001046



The WCM Group, Inc.

November 12, 2008

Ms. Jennifer Beatty
Permits Initial Review Team (APIRT) MC-161
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
12100 Park 35 Circle
Austin, TX 78753

LONE STAR OVERNIGHT
AIRBILL NUMBER
41915487

Reference: Air Permit Application – Revised PI-1
Project No. 141597
Port Arthur Chemical & Environmental Services, LLC
2420 Highway 87 South
Port Arthur, Jefferson County, Texas 77640

Dear Ms. Beatty:

On behalf of Port Arthur Chemical & Environmental Services, LLC, please find enclosed a revision PI-1 form for the permit application to authorize the production of sodium hydrosulfide under 30 TAC Chapter 116. A copy of the revised TCEQ Core Data form is also enclosed.

If you have questions regarding this application or require further information, please do not hesitate to contact Mr. Matt Bowman at (713) 676-1460, or me directly at (281) 446-7070.

Sincerely,

Philip B. Evans
Director, Technical Services

PBE/nb
27259:5330018.let.doc

Enclosure

cc: M. Bowman
H. Ross – TCEQ Region 10



Texas Commission on Environmental Quality
Form PI-1 General Application for
Air Preconstruction Permit and Amendments

Update: The TCEQ requires that a Core Data Form be submitted on all incoming applications unless a Regulated Entity and Customer Reference Number have been issued by the TCEQ and no core data information has changed. For more information regarding the Core Data Form, call (512) 239-5175 or go to the TCEQ Web site at www.tceq.state.tx.us/permitting/central_registry/guidance.html.

I. APPLICANT INFORMATION		
A. Company or Other Legal Name: Port Arthur Chemical & Environmental Services, LLC		
Texas Secretary of State Charter/Registration Number (if applicable): 8011040463		
B. Company Official Contact Name: Matt Bowman		
Title: President		
Mailing Address: 4904 Griggs Road		
City: Houston	State: TX	Zip Code: 77021
Telephone No: 713-676-1460	Fax No.: 713-676-1676	E-mail Address: mbowman@cesenvironmental.com
C. Technical Contact Name: Philip Evans		
Title: Director Technical Services		
Company Name: The WCM Group, Inc.		
Mailing Address: PO Box 3247		
City: Humble	State: Texas	Zip Code: 77347
Telephone No.: 281-446-7070	Fax No.: 281-446-3348	E-mail Address: pevans@wcmgroup.com
D. Facility Location Information:		
Street Address: 2420 Highway 87 South		
If no street address, provide clear driving directions to the site in writing:		
From State Highway 83, south on State Highway 87 for approximately 2.5 miles.		
City: Port Arthur	County: Jefferson	Zip Code: 77640
E. TCEQ Account Identification Number (leave blank if new site or facility):		
F. Is a TCEQ Core Data Form (TCEQ Form No. 10400) attached?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
G. TCEQ Customer Reference Number (leave blank if unknown):		
H. TCEQ Regulated Entity Number (leave blank if unknown): RN105156111		
II. IMPORTANT GENERAL INFORMATION		
A. Is confidential information submitted with this application?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," is each "confidential" page marked "CONFIDENTIAL" in large red letters?		<input type="checkbox"/> YES <input type="checkbox"/> NO



**Texas Commission on Environmental Quality
Form PI-1 General Application for
Air Preconstruction Permit and Amendments**

II. IMPORTANT GENERAL INFORMATION (continued)										
B. Is this application in response to a TCEQ investigation or enforcement action? If "YES", attach a copy of any correspondence from the TCEQ		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
C. Number of New Jobs: 10										
D. Names of the State Senator and district number for this facility site: Senator Kyle Janek 17 Names of State Representative and district number for this facility site: Representative Alan Ritter 21										
E. For Concrete Batch Plants, name of the County Judge for this facility site:										
Mailing Address:										
City:	State:	Zip Code:								
F. For Concrete Batch Plants, is the facility located in a municipality or an extraterritorial jurisdiction of a municipality? If "YES," list the name(s) of the Presiding Officer(s) for this facility site:		<input type="checkbox"/> YES <input type="checkbox"/> NO								
Mailing Address:										
City:	State:	Zip Code:								
III. FACILITY AND SOURCE INFORMATION										
A. Site Name: Port Arthur Chemical & Environmental Services, LLC										
B. Area Name/Type of Facility: Port Arthur Chemical & Environmental Services, LLC		<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Portable								
C. Principal Company Product or Business: Chemical Manufacturing Principal Standard Industrial Classification Code: 2819										
D. Projected Start of Construction Date: October 2008		Projected Start of Operation Date: November 2008								
IV. TYPE OF PERMIT ACTION REQUESTED										
A. Permit Number (if existing): N/A										
B. Is this an initial permit application?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
If "YES," check the type of permit requested (check <u>all</u> that apply): <table style="width: 100%;"><tr><td><input checked="" type="checkbox"/> State Permit</td><td><input type="checkbox"/> Nonattainment Federal Permit</td></tr><tr><td><input type="checkbox"/> Flexible Permit</td><td><input type="checkbox"/> Prevention of Significant Deterioration Federal Permit</td></tr><tr><td><input type="checkbox"/> Multiple Plant Permit</td><td><input type="checkbox"/> Hazardous Air Pollutants Permit Federal Clean Air Act § 112(g)</td></tr><tr><td colspan="2">Other: _____</td></tr></table>			<input checked="" type="checkbox"/> State Permit	<input type="checkbox"/> Nonattainment Federal Permit	<input type="checkbox"/> Flexible Permit	<input type="checkbox"/> Prevention of Significant Deterioration Federal Permit	<input type="checkbox"/> Multiple Plant Permit	<input type="checkbox"/> Hazardous Air Pollutants Permit Federal Clean Air Act § 112(g)	Other: _____	
<input checked="" type="checkbox"/> State Permit	<input type="checkbox"/> Nonattainment Federal Permit									
<input type="checkbox"/> Flexible Permit	<input type="checkbox"/> Prevention of Significant Deterioration Federal Permit									
<input type="checkbox"/> Multiple Plant Permit	<input type="checkbox"/> Hazardous Air Pollutants Permit Federal Clean Air Act § 112(g)									
Other: _____										



Texas Commission on Environmental Quality
Form PI-1 General Application for
Air Preconstruction Permit and Amendments

IV. TYPE OF PERMIT ACTION REQUESTED (continued)		
C. Is this a permit amendment?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," check the type of permit requested (<i>check <u>all</u> that apply</i>):		
<input type="checkbox"/> State Permit Amendment		
<input type="checkbox"/> Flexible Permit Amendment		
<input type="checkbox"/> Multiple Plant Permit Amendment		
<input type="checkbox"/> Nonattainment Major Modification		
<input type="checkbox"/> Prevention of Significant Deterioration Major Modification		
<input type="checkbox"/> Hazardous Air Pollutants Permit Federal Clean Air Act § 112(g) Modification		
Other: _____		
D. Is a permit renewal application being submitted in conjunction with this amendment in accordance with Senate Bill 1673? [THSC 382.055(a)(2)](80th Legislative)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
E. Is this application for a change in location of previously permitted facilities?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," answer E. 1. and E. 2.		
1. Current location of facility:		
Street Address (<i>If no street address, provide clear driving directions to the site in writing.</i>):		
City:	County:	Zip Code:
2. Will the proposed facility, site, and plot plan meet all current technical requirements of the permit special conditions?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If "NO," attach detailed information.		
F. Are there any standard permits, exemptions or permits by rule to be consolidated into this permit?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
G. Are you permitting a facility or group of facilities that have planned maintenance, startup and shutdown emissions that cannot be authorized by a permit by rule or standard permit or that are authorized by a permit by rule or standard permit and are being rolled into this permit?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," attach information on any changes to emissions under this application as specified in Section VIII. and Section IXX.		
If "YES," answer G. 1 through G. 3.		
1. Are the activities to be included in this permit covered by any previously existing MSS authorizations?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," provide a listing of all other authorizations (permit by rule or standard permit and the associated registration number if any).		
2. Have the emissions been previously submitted as part of an emissions inventory?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. List which years the MSS activities were included in emissions inventory submittals:		



**Texas Commission on Environmental Quality
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IV. TYPE OF PERMIT ACTION REQUESTED (continued)	
H. Federal Operating Permit Requirements (30 TAC Chapter 122 Applicability) Is this facility located at a site required to obtain a federal operating permit under 30 TAC Chapter 122?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> To be Determined
1. Identify the requirements of 30 TAC Chapter 122 that will be triggered if this PI-1 application is approved. <input type="checkbox"/> FOP Significant Revision <input type="checkbox"/> FOP Minor <input type="checkbox"/> Application for an FOP Revision <input type="checkbox"/> Operational Flexibility/Off-Permit Notification <input type="checkbox"/> Streamlined Revision for GOP <input type="checkbox"/> To be determined <input checked="" type="checkbox"/> None	
2. Identify the type(s) of FOP(s) issued and/or FOP application(s) submitted/pending for the site (check all that apply)	
<input type="checkbox"/> SOP <input type="checkbox"/> GOP <input type="checkbox"/> GOP application/revision application: submitted or under APD review	
<input type="checkbox"/> SOP application/revision application: submitted or under APD review <input type="checkbox"/> N/A	
V. PERMIT FEE INFORMATION	
A. Fee paid for this application:	\$ 900
1. Is a copy of the check or money order attached to the original submittal of this application?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2. Is a Table 30 entitled, "Certification of estimated Capital Cost and Fee Verification," attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
VI. PUBLIC NOTICE APPLICABILITY	
A. Is this a new permit application?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
B. Is this an application for a major modification of a PSD, NA or 30 TAC § 112(g) permit?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. Is this a state permit amendment application?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," answer C. 1. through C. 3.	
1. Is there any change in character of emissions in this application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is there a new air contaminant in this application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Do the facilities handle, load, unload, dry, manufacture, or process grain, seed, legumes, or vegetables fibers (agricultural facilities)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. List the total annual emission increases associated with the application (<i>list all that apply</i>): Volatile Organic Compounds (VOC): _____ tpy Particulate Matter (PM): _____ tpy Sulfur Dioxide (SO ₂): _____ tpy Lead (Pb): _____ tpy Carbon Monoxide (CO): _____ tpy Nitrogen oxides (NO _x): _____ tpy Other air contaminants not listed above: _____ tpy List: _____ tpy	



Texas Commission on Environmental Quality
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Air Preconstruction Permit and Amendments

VI. PUBLIC NOTICE APPLICABILITY <i>(continued)</i>			
D. Is this a change of location application?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," answer D. 1. through D. 3.			
1. Is the new facility site located in or contiguous to the right-of-way of a public works project?			<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Is there a permitted facility occupying the new site? If "YES," please list the permit number:			<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have portable facilities occupied the new site at any time in the last two years?			<input type="checkbox"/> YES <input type="checkbox"/> NO
VII. PUBLIC NOTICE INFORMATION <i>(complete if applicable)</i>			
A. Responsible Person:			
Name: Matt Bowman		Title: President	
Mailing Address: 4904 Griggs Road			
City: Houston	State: Texas	Zip Code: 77021	
Telephone No.: 713-676-1460	Fax No.: 713-676-1676	E-mail Address: mbowman@cesevironmental.com	
B. Technical Contact:			
Company Name: The WCM Group, Inc.			
Name: Phil Evans		Title: Director	
Mailing Address: PO Box 3247			
City: Humble	State: TX	Zip Code: 77347	
Telephone No.: 281-446-7070	Fax No.: 281-446-3348	E-mail Address: pevans@wcmgroup.com	
C. Application in Public Place:			
Name of Public Place: Port Arthur Public Library			
Physical Address: 4615 9 th Ave	City: Port Arthur	County: Jefferson	
The public place has granted authorization to place the application for public viewing and copying?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
D. Is a bilingual program required by the Texas Education Code in the School District?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Are the children who attend either the elementary school or the middle school closest to your facility eligible to be enrolled in a bilingual program provided by the district?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If yes, which language is required by the bilingual program?			Spanish <input type="checkbox"/> YES <input type="checkbox"/> NO



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Air Preconstruction Permit and Amendments

VIII. SMALL BUSINESS CLASSIFICATION <i>(required)</i>	
A. Does this company (including parent companies and subsidiary companies) have fewer than 100 employees or less than \$6 million in annual gross receipts?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. Is the site a major source under 30 TAC Chapter 122, Federal Operating Permit Program?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. Are the site emissions of any individual air contaminant greater than 50 tpy?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
D. Are the site emissions of all air contaminants combined greater than 75 tpy?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
IX. TECHNICAL INFORMATION	
A. Is a current area map attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Are any schools located within 3,000 feet of this facility?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. Is a plot plan of the plant property attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. Is a process flow diagram and a process description attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
D. Maximum Operating Schedule: 16 Hours/Day <u>5</u> Days/Week 52 Weeks/Year	
Seasonal Operation?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," please describe	
E. Are worst-case emissions data and calculations attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
1. Is a Table 1(a) entitled, "Emission Point Summary Table," attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. Is a Table 2 entitled, "Material Balance Table," attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3. Are equipment, process, or control device tables attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
F. Are actual emissions for the last two years (determination federal applicability) attached?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
X. STATE REGULATORY REQUIREMENTS <i>Applicants must be in compliance with all applicable state regulations to obtain a permit or amendment.</i>	
A. The emissions from the proposed facility will comply with all rules and regulations of the TCEQ and details are attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
B. The proposed facility will be able to measure emissions of significant air contaminants and details are attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. A demonstration of Best Available Control Technology (BACT) is attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
D. The proposed facilities will achieve the performance in the permit application and compliance demonstration or record keeping information is attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
E. Is atmospheric dispersion modeling attached?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO



**Texas Commission on Environmental Quality
Form PI-1 General Application for
Air Preconstruction Permit and Amendments**

X. STATE REGULATORY REQUIREMENTS (continued) <i>Applicants must be in compliance with all applicable state regulations to obtain a permit or amendment.</i>	
F. Does this application involve any air contaminants for which a "disaster review" is required? If "YES," details must be attached.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>Note: For a list of air contaminants for which a "disaster review" will be required, refer to the NSRPD Disaster Review Guidance Document at www.tceq.state.tx.us/permitting/air/rules/federal/63/63hmpg.html.</i>	
G. Is this facility or group of facilities located at a site within an Air Pollutant Watch List (APWL) area? If "YES," answer G. 1. through G. 3.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
1. List the APWL Site Number	
2. Does the site emit a pollutant of concern for the APWL area in which the site is located?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. If "YES," list the pollutant(s) of concern emitted by this site:	
H. Is this facility or group of facilities located at a site within the Houston/Galveston nonattainment area? (Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, or Waller Counties)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
1. Does the facility or group of facilities located at this site have an uncontrolled design capacity to emit 10 tpy or more of NO _x ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Is this site subject to 30 TAC Chapter 101, Subchapter H, Division 3 (Mass Emissions Cap and Trade)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Does this action make the site subject to 30 TAC Chapter 101, Subchapter H, Division 3 (Mass Emissions Cap and Trade)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Does this action require the site to obtain additional emission allowances?	<input type="checkbox"/> YES <input type="checkbox"/> NO
XI. FEDERAL REGULATORY REQUIREMENTS <i>Applicants must be in compliance with all applicable federal regulations to obtain a permit or amendment. If any of the following questions is answered "YES, the application must contain detailed attachments addressing applicability, identify federal regulation Subparts, show how requirements are met, and include compliance information.</i>	
A. Does a Title 40 Code of Federal Regulations Part 60, (40 CFR Part 60) New Source Performance Standard (NSPS) apply to a facility in this application?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. Does 40 CFR Part 61, National Emissions Standard for Hazardous Air Pollutants (NESHAP) apply to a facility in this application?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. Does a 40 CFR Part 63, Maximum Achievable Control Technology (MACT) standard apply to a facility in this application?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
D. Does nonattainment permitting requirements apply to this application?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
E. Does prevention of significant deterioration permitting requirements apply to this application?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
F. Does Hazardous Air Pollutant Major Source [FAA § 112(g)] requirements apply to this application?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
XII. COPIES OF THIS APPLICATION	
A. Has the required fee been sent separately with a copy of this Form PI-1 to the TCEQ Revenue Section? (MC 214, P.O. Box 13088, Austin, Texas 78711).	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA



Texas Commission on Environmental Quality
Form PI-1 General Application for
Air Preconstruction Permit and Amendments

XII. COPIES OF THIS APPLICATION (continued)	
B. Are the Core Data Form, Form PI-1, and all attachments being sent to the TCEQ in Austin?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
OPTIONAL: Has an extra copy of the Core Data Form, Form PI-1 and all attachments been sent to the TCEQ in Austin? If "YES," please mark this application as "COPY."	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C. Is a copy of the Core Data Form, the Form PI-1, and all attachments being sent to the appropriate TCEQ regional office	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
D. Is a copy of the Core Data Form, the Form PI-1, and all attachments being sent to each appropriate local air pollution control program(s)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
List all local air pollution control program(s):	
E. Is a copy of the Core Data Form, Form PI-1, and all attachments (without confidential information) being sent to the EPA Region 6 office in Dallas, Texas? (federal applications only)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
F. This facility is located within 100 kilometers of the Rio Grande River and a copy of the application was sent to the International Boundary Water Commission (IBWC):	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
G. This facility is located within 100 kilometers of a federally-designated Class I area and a copy of the application was sent to the appropriate Federal Land Manager:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
XIII. PROFESSIONAL ENGINEER (P.E.) SEAL	
Is the estimated capital cost of the project greater than \$2 million dollars?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If "YES," the application must be submitted under the seal of a Texas licensed Professional Engineer (P.E.).	
XIV. DELINQUENT FEES AND PENALTIES	
Notice: This form will not be processed until all delinquent fees and/or penalties owed to the TCEQ or the Office of the Attorney General on behalf of the TCEQ are paid in accordance with the "Delinquent Fee and Penalty Protocol." For more information regarding Delinquent Fees and Penalties, go to the TCEQ Web site at: www.tceq.state.tx.us/agency/delin/index.html .	
XV. SIGNATURE	
The signature below confirms that I have knowledge of the facts included in this application and that these facts are true and correct to the best of my knowledge and belief. I further state that to the best of my knowledge and belief, the project for which application is made will not in any way violate any provision of the Texas Water Code (TWC), Chapter 7, Texas Clean Air Act (TCAA), as amended, or any of the air quality rules and regulations of the Texas Commission on Environmental Quality or any local governmental ordinance or resolution enacted pursuant to the TCAA. I further state that I understand my signature indicates that this application meets all applicable nonattainment, prevention of significant deterioration, or major source of hazardous air pollutant permitting requirements. I further state that I have read and understand TWC §§ 7.177-7.183, which defines <u>CRIMINAL OFFENSES</u> for certain violations, including intentionally or knowingly making or causing to be made false material statements or representations in this application, and TWC § 7.187, pertaining to <u>CRIMINAL PENALTIES</u> .	
NAME: <u>Matt Bowman</u>	SIGNATURE: _____ DATE: <u>11/12/2008</u>
Original Signature Required	



TCEQ Core Data Form

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided)		
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other	
2. Attachments	Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PI-1	
3. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	4. Regulated Entity Reference Number (if issued)
CN		RN 105156111

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)							
6. Customer Role (Proposed or Actual) – as it relates to the <u>Regulated Entity</u> listed on this form. Please check only <u>one</u> of the following:							
<input type="checkbox"/> Owner		<input type="checkbox"/> Operator		<input checked="" type="checkbox"/> Owner & Operator			
<input type="checkbox"/> Occupational Licensee		<input type="checkbox"/> Responsible Party		<input type="checkbox"/> Voluntary Cleanup Applicant		<input type="checkbox"/> Other: _____	
7. General Customer Information							
<input checked="" type="checkbox"/> New Customer		<input type="checkbox"/> Update to Customer Information		<input type="checkbox"/> Change in Regulated Entity Ownership			
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State)				<input type="checkbox"/> No Change**			
**If "No Change" and Section I is complete, skip to Section III – Regulated Entity Information.							
8. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual		<input type="checkbox"/> Sole Proprietorship- D.B.A	
<input type="checkbox"/> City Government		<input type="checkbox"/> County Government		<input type="checkbox"/> Federal Government		<input type="checkbox"/> State Government	
<input type="checkbox"/> Other Government		<input type="checkbox"/> General Partnership		<input type="checkbox"/> Limited Partnership		<input checked="" type="checkbox"/> Other: Limited Liability Company	
9. Customer Legal Name (If an individual, print last name first: ex: Doe, John)				<i>If new Customer, enter previous Customer below</i>		End Date:	
Port Arthur Chemical & Environmental Services, LLC							
10. Mailing Address:		4904 Griggs Road					
City		Houston		State		TX	
ZIP		77021		ZIP + 4			
11. Country Mailing Information (if outside USA)				12. E-Mail Address (if applicable)			
				mbowman@cesenvironmental.com			
13. Telephone Number				14. Extension or Code		15. Fax Number (if applicable)	
(713) 676-1460						(713) 676-1676	
16. Federal Tax ID (9 digits)		17. TX State Franchise Tax ID (11 digits)		18. DUNS Number (if applicable)		19. TX SOS Filing Number (if applicable)	
26-358896		12635889604				8011040463	
20. Number of Employees						21. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input checked="" type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION III: Regulated Entity Information

22. General Regulated Entity Information (If "New Regulated Entity" is selected below this form should be accompanied by a permit application)			
<input checked="" type="checkbox"/> New Regulated Entity		<input type="checkbox"/> Update to Regulated Entity Name	
<input type="checkbox"/> Update to Regulated Entity Information		<input type="checkbox"/> No Change** (See below)	
**If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.			
23. Regulated Entity Name (name of the site where the regulated action is taking place)			
Port Arthur Chemical & Environmental Services, LLC			

24. Street Address of the Regulated Entity: (No P.O. Boxes)	2420 Highway 87 South						
	City	Port Arthur	State	TX	ZIP	77640	ZIP + 4
25. Mailing Address:	4904 Griggs Road						
	City	Houston	State	TX	ZIP	77021	ZIP + 4
26. E-Mail Address:		mbowman@cesenvironmental.com					
27. Telephone Number			28. Extension or Code		29. Fax Number (if applicable)		
(713) 767-1460					(713) 676-1676		
30. Primary SIC Code (4 digits)	31. Secondary SIC Code (4 digits)	32. Primary NAICS Code (5 or 6 digits)		33. Secondary NAICS Code (5 or 6 digits)			
2819	2992	325188		324191			
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)							
chemical manufacturing							

Questions 34 – 37 address geographic location. Please refer to the instructions for applicability.

35. Description to Physical Location:	From State Highway 83, go south on State Highway 87 for approximately 2.5 miles.				
36. Nearest City	County	State	Nearest ZIP Code		
Port Arthur	Jefferson	TX	77336		
37. Latitude (N) In Decimal:	38. Longitude (W) In Decimal:				
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
29	49	47.71	93	57	48.15

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form or the updates may not be made. If your Program is not listed, check other and write it in. See the Core Data Form instructions for additional guidance.

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input checked="" type="checkbox"/> Industrial Hazardous Waste	<input type="checkbox"/> Municipal Solid Waste
<input checked="" type="checkbox"/> New Source Review – Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS	<input type="checkbox"/> Sludge Tires
<input type="checkbox"/> Stormwater	<input type="checkbox"/> Title V – Air	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Utilities	<input type="checkbox"/> Voluntary Cleanup
<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

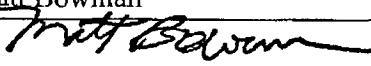
SECTION IV: Preparer Information

40. Name:	Phil Evans	41. Title:	Director, Technical Services
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(281) 446-7070		(281) 446-3348	pevans@wcmgroup.com

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 9 and/or as required for the updates to the ID numbers identified in field 39.

(See the Core Data Form instructions for more information on who should sign this form.)

Company:	Port Arthur Chemical & Environmental Services, LLC	Job Title:	President
Name (In Print):	Matt Bowman	Phone:	(713) 676-1460
Signature:		Date:	10/31/2008



TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

SUSAN COMBS • COMPTROLLER • AUSTIN, TEXAS 78774

October 30, 2008

CERTIFICATE OF ACCOUNT STATUS

THE STATE OF TEXAS
COUNTY OF TRAVIS

I, Susan Combs, Comptroller of Public Accounts of the State of Texas, DO HEREBY
CERTIFY that according to the records of this office

PORT ARTHUR CHEMICAL & ENVIRONMENTAL SERVICES, LLC

is, as of this date, in good standing with this office having no franchise tax
reports or payments due at this time. This certificate is valid through the date
that the next franchise tax report will be due January 11, 2010.

This certificate does not make a representation as to the status of the entity's
registration, if any, with the Texas Secretary of State.

This certificate is valid for the purpose of conversion when the converted entity
is subject to franchise tax as required by law. This certificate is not valid for
any other filing with the Texas Secretary of State.

GIVEN UNDER MY HAND AND
SEAL OF OFFICE in the City of
Austin, this 30th day of
October 2008 A.D.

Susan Combs
Texas Comptroller

Taxpayer number: 32038141019
File number: 0801040463

Form 05-304 (Rev. 12-07/17)

**CES ENVIRONMENTAL SERVICES, INC.
GRIGGS ROAD, HOUSTON, TEXAS**

2007/2008 EMISSION RECORDS

**Prepared by
THE WCM GROUP, INC.
Humble, Texas**

CES ENVIRONMENTAL SERVICES, INC.

	Gallons per Year	
	2007	2008
OILY WATER	6,736,865	6,677,549
BASE OIL	976,827	258,526
SIB Wastewater	0	39,363
Methylene chloride mixture	35,770	0
Methylene chloride with Methanol mix	23,216	210,319

11/6/08
Office
FHS
0-9

EPAHQ043001060

CES ENVIRONMENTAL SERVICES

January	Recycle-Oily Water	600,945
February	Recycle-Oily Water	443,393
March	Recycle-Oily Water	549,953
April	Recycle-Oily Water	588,794
May	Recycle-Oily Water	581,429
June	Recycle-Oily Water	548,762
July	Recycle-Oily Water	695,803
August	Recycle-Oily Water	416,286
September	Recycle-Oily Water	400,395
October	Recycle-Oily Water	741,619
November	Recycle-Oily Water	673,925
December	Recycle-Oily Water	495,562
2007 Year TOTAL	Recycle-Oily Water	6,736,865 gal

Generator	Job #	Job Date	Description	Qty	P	Qty	gal
Atlantic Industrial Services (Shreveport)	33072	01/02/07	Recycle-Oily Water	51,708	P	6,463.5	
Ethyl Corporation	25251	01/02/07	Recycle-Oily Water	47,020	P	5,877.5	
Hutchison Hayes International-Baytown	33052	01/02/07	Recycle-Oily Water	37,530	P	4,691.3	
J & D Oil Service	33151	01/02/07	Recycle-Oily Water	13,344	P	1,668.0	
Midstate Environmental Services LP	33130	01/02/07	Recycle-Oily Water	39,607	P	4,950.9	
Turneco Oil Services	33170	01/02/07	Used Oil	37,530	P	4,691.3	
Farouk Systems	32788	01/03/07	CESQ2192	33,360	P	4,170.0	
Holcomb Oil Recycling	32791	01/03/07	Recycle-Oily Water	48,030	P	6,003.8	
Midstate Environmental Services LP	33239	01/03/07	Recycle-Oily Water	52,542	P	6,567.8	
PGI International	33141	01/03/07	Recycle-Oily Water	16,680	P	2,085.0	
Select Environmental	33238	01/03/07	Oily water	45,870	P	5,733.8	
Hutchison Hayes International-Baytown	33262	01/04/07	Recycle-Oily Water	33,360	P	4,170.0	
Select Environmental	33731	01/04/07	Oily water	37,113	P	4,639.1	
Select Environmental	33285	01/04/07	Oily water	34,194	P	4,274.3	
T3 Energy Services - Cypress	33024	01/04/07	Recycle-Oily Water	26,688	P	3,336.0	
Turneco Oil Services	33332	01/04/07	Fuel Oil	18,348	P	2,293.5	
Ameriforge Corporation	33261	01/05/07	Recycle-Oily Water	44,202	P	5,525.3	
Forged Products	33448	01/05/07	Recycle-Oily Water	41,700	P	5,212.5	
Hutchison Hayes International-Baytown	33263	01/05/07	Recycle-Oily Water	41,700	P	5,212.5	
OEM	33193	01/05/07	Recycle-Oily Water	16,680	P	2,085.0	
OEM	33247	01/05/07	Recycle-Oily Water	459	P	57.4	
Proler Southwest	33295	01/05/07	Recycle-Oily Water	45,870	P	5,733.8	
Proler Southwest	33296	01/05/07	Recycle-Oily Water	45,870	P	5,733.8	
Select Environmental	33512	01/05/07	Oily water	30,024	P	3,753.0	
Farouk Systems	33450	01/08/07	CESQ2192	12,510	P	1,563.8	
Midstate Environmental Services LP	33581	01/08/07	Recycle-Oily Water	41,700	P	5,212.5	
Atlantic Industrial Services	34691	01/09/07	Recycle-Oily Water	400	P	50.0	
Ethyl Corporation	25255	01/09/07	Recycle-Oily Water	49,220	P	6,152.5	
Midstate Environmental Services LP	33646	01/09/07	Recycle-Oily Water	54,210	P	6,776.3	
Farouk Systems	33605	01/10/07	CESQ2192	33,360	P	4,170.0	
Lubrizol-Deer Park	33566	01/10/07	Recycle	35,000	P	4,375.0	
Lubrizol-Deer Park	33565	01/10/07	Recycle	36,480	P	4,560.0	
Proler Southwest	33640	01/10/07	Recycle-Oily Water	50,040	P	6,255.0	
Proler Southwest	33638	01/10/07	Recycle-Oily Water	50,040	P	6,255.0	
Proler Southwest	33639	01/10/07	Recycle-Oily Water	50,040	P	6,255.0	
Atlantic Industrial Services (Shreveport)	33641	01/11/07	Recycle-Oily Water	51,708	P	6,463.5	
Midstate Environmental Services LP	33886	01/11/07	Recycle-Oily Water	50,507	P	6,313.4	
Select Environmental	33863	01/11/07	Oily water	50,040	P	6,255.0	
Ethyl Corporation	33924	01/12/07	Recycle-Oily Water	50,160	P	6,270.0	
Farouk Systems	33743	01/12/07	CESQ2192	41,700	P	5,212.5	
Holcomb Oil Recycling	33742	01/12/07	Recycle-Oily Water	43,476	P	5,434.5	
Select Environmental	33887	01/12/07	Oily water	43,368	P	5,421.0	
Hutchison Hayes International-Baytown	33856	01/13/07	Recycle-Oily Water	26,688	P	3,336.0	
Midstate Environmental Services LP	33925	01/13/07	Recycle-Oily Water	50,040	P	6,255.0	
Atlantic Industrial Services (Shreveport)	33838	01/15/07	Recycle-Oily Water	51,708	P	6,463.5	

Farouk Systems	33744	01/15/07	CESQ2192	45,870	P	5,733.8
Hutchison Hayes International-Baytown	33854	01/15/07	Recycle-Oily Water	41,700	P	5,212.5
Midstate Environmental Services LP	33984	01/15/07	Recycle-Oily Water	54,210	P	6,776.3
Midstate Environmental Services LP	34047	01/16/07	Recycle-Oily Water	50,040	P	6,255.0
Midstate Environmental Services LP	34048	01/16/07	Recycle-Oily Water	50,932	P	6,366.5
Select Environmental	34064	01/16/07	Oily water	48,372	P	6,046.5
Farouk Systems	33750	01/17/07	CESQ2192	33,360	P	4,170.0
Greens Bayou Pipe Mill, LP	34011	01/17/07	Recycle-Oily Water	50,040	P	6,255.0
KMTEx	34062	01/17/07	Recycle-Oily Water	41,220	P	5,152.5
South Coast Terminals (East Ave S)	34125	01/17/07	N/A	11,676	P	1,459.5
Ameriforge Corporation	33928	01/18/07	Recycle-Oily Water	19,940	P	2,492.5
Greens Bayou Pipe Mill, LP	34123	01/18/07	Recycle-Oily Water	5,004	P	625.5
Holcomb Oil Recycling	34103	01/18/07	Recycle-Oily Water	44,969	P	5,621.1
J.A.M. Distributing Co.	34141	01/18/07	recvele-oily water	41,700	P	5,212.5
J.A.M. Distributing Co.	34145	01/18/07	recvele-oily water	43,368	P	5,421.0
KMTEx	34061	01/18/07	Recycle-Oily Water	40,880	P	5,110.0
Proler Southwest	33955	01/18/07	Recycle-Oily Water	45,870	P	5,733.8
Proler Southwest	33954	01/18/07	Recycle-Oily Water	45,870	P	5,733.8
Sunbelt Machine Works Corporation	34058	01/18/07	Recycle-Oily Water	9,383	P	1,172.9
Energy Transfer/Houston Pipeline	34208	01/19/07	Recycle	32,826	P	4,103.3
Ethyl Corporation	25252	01/19/07	Recycle-Oily Water	48,500	P	6,062.5
Farouk Systems	33751	01/19/07	CESQ2192	41,700	P	5,212.5
Vetco Gray	34264	01/19/07	Recycle-Oily Water	4,500	P	562.5
Vetco Gray	34173	01/19/07	Recycle-Oily Water	25,020	P	3,127.5
Farouk Systems	34156	01/22/07	CESQ2192	29,190	P	3,648.8
GATX (Hearne)	34275	01/22/07	Recycle	39,198	P	4,899.8
Houston Grinding and Mfg.	34227	01/22/07	Recycle-Oily Water	8,340	P	1,042.5
Hutchison Hayes International-Baytown	34440	01/22/07	Recycle-Oily Water	16,680	P	2,085.0
Select Environmental	34234	01/22/07	Recycle-Gassy Water	20,850	P	2,606.3
Turneco Oil Services	34512	01/22/07	Used Oil	18,523	P	2,315.4
Atlantic Industrial Services	34391	01/23/07	Recycle-Oily Water	28,956	P	3,619.5
Hutchison Hayes International-Baytown	33271	01/23/07	Recycle-Oily Water	25,020	P	3,127.5
J & D Oil Service	34504	01/23/07	Recycle-Oily Water	12,510	P	1,563.8
Lubrizol-Deer Park	34336	01/23/07	Recycle	36,560	P	4,570.0
Lubrizol-Deer Park	34332	01/23/07	Recycle	34,780	P	4,347.5
T3 Energy Services - Cypress	34337	01/23/07	Recycle-Oily Water	25,020	P	3,127.5
Turneco Oil Services	34372	01/23/07	Fuel Oil	18,348	P	2,293.5
Turneco Oil Services	34429	01/23/07	Oily water	5,838	P	729.8
Turneco Oil Services	34373	01/23/07	Used Oil	18,406	P	2,300.8
Dresser Flow	34317	01/24/07	Recycle-Coolant	33,360	P	4,170.0
Farouk Systems	34157	01/24/07	CESQ2192	41,700	P	5,212.5
GATX (Hearne)	34278	01/24/07	Recycle	41,700	P	5,212.5
Greens Bayou Pipe Mill, LP	34496	01/24/07	Recycle-Oily Water	4,170	P	521.3
Greens Bayou Pipe Mill, LP	34394	01/24/07	Recycle-Oily Water	25,020	P	3,127.5
Holcomb Oil Recycling	34164	01/24/07	Recycle-Oily Water	43,868	P	5,483.5
NOV Drilling Equipment (Lockwood)	34428	01/24/07	Recycle	20,850	P	2,606.3
Proler Southwest	34497	01/24/07	Recycle-Oily Water	41,700	P	5,212.5
Turneco Oil Services	34637	01/24/07	Used Oil	18,523	P	2,315.4
Atlantic Industrial Services (Shreveport)	34502	01/25/07	Recycle-Oily Water	51,150	P	6,393.8
GATX (Hearne)	34579	01/25/07	Recycle	45,870	P	5,733.8
Midstate Environmental Services LP	34692	01/25/07	Recycle-Oily Water	50,198	P	6,274.8
Proler Southwest	34500	01/25/07	Recycle-Oily Water	41,700	P	5,212.5
Proler Southwest	34498	01/25/07	Recycle-Oily Water	41,700	P	5,212.5
Select Environmental	34694	01/25/07	Recycle-Oily Water	50,040	P	6,255.0
Select Environmental	34676	01/25/07	Recycle-Oily Water	50,040	P	6,255.0
Turneco Oil Services	34636	01/25/07	Used Oil	18,406	P	2,300.8
Ameriforge Corporation	34472	01/26/07	Recycle-Oily Water	37,530	P	4,691.3
Commercial Metals	34704	01/26/07	Recycle-Oily Water	44,202	P	5,525.3
Farouk Systems	34158	01/26/07	CESQ2192	43,368	P	5,421.0
Flex Oil Service	34998	01/26/07	Recycle	50,040	P	6,255.0
J & D Oil Service	34757	01/26/07	Recycle-Oily Water	12,510	P	1,563.8

J & D Oil Service	34761	01/26/07	Recycle-Oily Water	12,510	P	1,563.8
KMCO, Inc.	34679	01/26/07	Recycle-Oily Water	37,296	P	4,662.0
Select Environmental	34762	01/26/07	Recycle-Oily Water	43,368	P	5,421.0
T3 Energy Services - Cypress	34582	01/26/07	Recycle-Oily Water	25,020	P	3,127.5
Greens Bayou Pipe Mill, LP	34777	01/29/07	Recycle-Oily Water	6,255	P	781.9
J.A.M. Distributing Co.	34654	01/29/07	recvele-oily water	37,363	P	4,670.4
J.A.M. Distributing Co.	34655	01/29/07	recvele-oily water	41,700	P	5,212.5
OEM	34701	01/29/07	Recycle-Oily Water	1,200	P	150.0
OEM	34701	01/29/07	Recycle-Oily Water	1,800	P	225.0
OEM	34701	01/29/07	Recycle-Oily Water	150	P	18.8
Select Environmental	34662	01/29/07	Oily water	45,870	P	5,733.8
Select Environmental	34893	01/29/07	Oily water	50,040	P	6,255.0
Select Environmental	34803	01/29/07	Recycle-Oily Water	50,040	P	6,255.0
Turneco Oil Services	34856	01/29/07	Oily water	5,838	P	729.8
Farouk Systems	34533	01/30/07	CESQ2192	45,870	P	5,733.8
Golden Opportunity Recycling	34951	01/30/07		16,680	P	2,085.0
Golden Opportunity Recycling	34952	01/30/07		16,680	P	2,085.0
Lubrizol-Deer Park	34810	01/30/07	Recycle	34,160	P	4,270.0
Lubrizol-Deer Park	34809	01/30/07	Recycle	37,100	P	4,637.5
Select Environmental	34904	01/30/07	Oily water	41,700	P	5,212.5
Select Environmental	34907	01/30/07	Oily water	41,700	P	5,212.5
Select Environmental	34905	01/30/07	Oily water	41,700	P	5,212.5
Select Environmental	34906	01/30/07	Oily water	41,700	P	5,212.5
Select Environmental	34867	01/30/07	Recycle-Oily Water	41,700	P	5,212.5
Select Environmental	34866	01/30/07	Recycle-Oily Water	41,700	P	5,212.5
Ameriforge Corporation	34787	01/31/07	Recycle-Oily Water	2,500	P	312.5
Commercial Metals	34962	01/31/07	Recycle-Oily Water	41,700	P	5,212.5
Ethyl Corporation	34763	01/31/07	Recycle-Oily Water	45,903	P	5,737.9
Farouk Systems	34534	01/31/07	CESQ2192	50,040	P	6,255.0
GATX (Hearne)	34996	01/31/07	Recycle	33,360	P	4,170.0
KMCO, Inc.	35127	01/31/07	Recycle-Oily Water	37,740		4,717.5
Midstate Environmental Services LP	35057	01/31/07	Recycle-Oily Water	53,034	P	6,629.3
Ovalen Development LLC	35032	01/31/07	Recycle	5,300	P	662.5
Ovalen Development LLC	34948	01/31/07	Recycle	44,202	P	5,525.3
						600,944.8
J & D Oil Service	35230	02/01/07	Recycle-Oily Water	8,340	P	1,042.5
Ovalen Development LLC	34950	02/01/07	Recycle	50,040	P	6,255.0
Proler Southwest	34922	02/01/07	Recycle-Oily Water	44,202	P	5,525.3
Proler Southwest	34923	02/01/07	Recycle-Oily Water	43,368	P	5,421.0
Proler Southwest	34924	02/01/07	Recycle-Oily Water	43,368	P	5,421.0
Select Environmental	35231	02/01/07	Oily water	35,862	P	4,482.8
Turneco Oil Services	35258	02/01/07		18,406	P	2,300.8
Turneco Oil Services	35259	02/01/07	Fuel Oil	17,514	P	2,189.3
Envirovac	35302	02/02/07		54,210	P	6,776.3
Farouk Systems	34535	02/02/07	CESQ2192	45,870	P	5,733.8
PGI International	34781	02/02/07	Recycle-Oily Water	17,781	P	2,222.6
Lubrizol-Deer Park	35161	02/03/07	Recycle	27,460	P	3,432.5
Ameriforge Corporation	35242	02/05/07	Recycle-Oily Water	27,940	P	3,492.5
Atlantic Industrial Services (Shreveport)	35250	02/05/07	Recycle-Oily Water	51,708	P	6,463.5
Farouk Systems	35023	02/05/07	CESQ2192	41,700	P	5,212.5
Midstate Environmental Services LP	35434	02/05/07	Recycle-Oily Water	50,198	P	6,274.8
Farouk Systems	35024	02/07/07	CESQ2192	52,525	P	6,565.6
Ovalen Development LLC	35362	02/07/07	recycle	27,939	P	3,492.4
Select Environmental	35709	02/07/07	Oily water	50,040	P	6,255.0
Turneco Oil Services	35567	02/07/07	Fuel Oil	18,348	P	2,293.5
GATX (Hearne)	35442	02/08/07	Recycle	37,530	P	4,691.3
GI Environmental Vacuum Service	36724	02/08/07		33,360	P	4,170.0
Select Environmental	35753	02/08/07	Oily water	20,850	P	2,606.3
Boring Specialties	35748	02/09/07	Oily water	25,020	P	3,127.5
Canrig	35247	02/09/07	Recycle	16,680	P	2,085.0

Canrig	35246	02/09/07	Recycle	45,870	P	5,733.8
Farouk Systems	35025	02/09/07	CESQ2192	50,040	P	6,255.0
GI Environmental Vacuum Service	36722	02/09/07		33,360	P	4,170.0
Goodman Manufacturing (Cooling Plant)	35262	02/09/07	00202051	36,696	P	4,587.0
Goodman Manufacturing (Cooling Plant)	35261	02/09/07	00202051	33,360	P	4,170.0
Proler Southwest	35548	02/09/07	Recycle-Oily Water	43,368	P	5,421.0
Proler Southwest	35550	02/09/07	Recycle-Oily Water	45,036	P	5,629.5
T3 Energy Services - Cypress	35565	02/09/07	Recycle-Oily Water	25,020	P	3,127.5
GI Environmental Vacuum Service	36725	02/10/07		20,850	P	2,606.3
GI Environmental Vacuum Service	36716	02/10/07		16,680	P	2,085.0
GI Environmental Vacuum Service	36718	02/10/07		33,360	P	4,170.0
Midstate Environmental Services LP	35854	02/10/07	Recycle-Oily Water	50,040	P	6,255.0
Ameriforge Corporation	35796	02/12/07	Recycle-Oily Water	38,240	P	4,780.0
Ameriforge Corporation	35797	02/12/07	Recycle-Oily Water	37,080	P	4,635.0
Ameriforge Corporation	35793	02/12/07	Recycle-Oily Water	43,280	P	5,410.0
Farouk Systems	35390	02/12/07	CESQ2192	37,530	P	4,691.3
Midstate Environmental Services LP	35861	02/12/07	Recycle-Oily Water	54,927	P	6,865.9
Atlantic Industrial Services (Shreveport)	35813	02/13/07	Recycle-Oily Water	51,708	P	6,463.5
GE Mobil Water	35761	02/13/07	Recycle-Oily Water	400	P	50.0
J.A.M. Distributing Co.	35802	02/13/07	recvele-oily water	48,372	P	6,046.5
Midstate Environmental Services LP	35951	02/13/07	Recycle-Oily Water	52,542	P	6,567.8
Select Environmental	35950	02/13/07	Oily water	51,708	P	6,463.5
Turneco Oil Services	35912	02/13/07		18,523	P	2,315.4
Turneco Oil Services	35913	02/13/07		18,406	P	2,300.8
Turneco Oil Services	35947	02/13/07	Oily water	16,680	P	2,085.0
Ameriforge Corporation	35885	02/14/07	Recycle-Oily Water	41,700	P	5,212.5
Farouk Systems	35391	02/14/07	CESQ2192	41,700	P	5,212.5
Forged Vessel Connections, Inc.	35837	02/14/07	Recycle-Oily Water	20,850	P	2,606.3
Holcomb Oil Recycling	35400	02/14/07	Recycle-Oily Water	43,960	P	5,495.0
KMCO, Inc.	35843	02/14/07	Recycle-Oily Water	40,980	P	5,122.5
OEM	35767	02/14/07	Recycle-Oily Water	1,200	P	150.0
Turneco Oil Services	36110	02/14/07	Fuel Oil	18,348	P	2,293.5
Atlantic Industrial Services	36101	02/15/07	Recycle-Oily Water	50,249	P	6,281.1
Forged Vessel Connections, Inc.	35763	02/15/07	Recyclable-used Oil	1,200	P	150.0
GI Environmental Vacuum Service	36728	02/15/07		33,360	P	4,170.0
Turneco Oil Services	35359	02/15/07		18,415	P	2,301.8
Ameriforge Corporation	36038	02/16/07	Recycle-Oily Water	19,660	P	2,457.5
Atlantic Industrial Services	36284	02/16/07	Recycle-Oily Water	200	P	25.0
Atlantic Industrial Services	36283	02/16/07	Recycle-Oily Water	200	P	25.0
Dresser Flow	35930	02/16/07	Recycle-Coolant	27,522	P	3,440.3
Farouk Systems	35392	02/16/07	CESQ2192	45,870	P	5,733.8
GI Environmental Vacuum Service	36729	02/16/07		33,360	P	4,170.0
GI Environmental Vacuum Service	36727	02/16/07		33,360	P	4,170.0
Select Environmental	36185	02/16/07	Oily water	45,870	P	5,733.8
Turneco Oil Services	36109	02/16/07		18,406	P	2,300.8
Atlantic Industrial Services	36189	02/17/07	Recycle-Oily Water	834	P	104.3
Forged Vessel Connections, Inc.	35769	02/17/07	Recycle-Oily Water	25,020	P	3,127.5
GI Environmental Vacuum Service	36730	02/17/07		33,360	P	4,170.0
KMCO, Inc.	36183	02/17/07	Recycle-Oily Water	28,120	P	3,515.0
Farouk Systems	35862	02/19/07	CESQ2192	37,530	P	4,691.3
GI Environmental Vacuum Service	36731	02/19/07		10,490	P	1,311.3
Koch Heat Transfer Company, LP	36084	02/19/07	Recycle-Oily Water	7,506	P	938.3
Turneco Oil Services	36309	02/19/07		18,523	P	2,315.4
Turneco Oil Services	36385	02/19/07		18,406	P	2,300.8
Ameriforge Corporation	36361	02/20/07	Recycle-Oily Water	12,280	P	1,535.0
Ethyl Corporation	36375	02/20/07	Recycle-Oily Water	47,480	P	5,935.0
J.A.M. Distributing Co.	36149	02/20/07	recvele-oily water	41,700	P	5,212.5
KMCO, Inc.	36260	02/20/07	Recycle-Oily Water	32,320	P	4,040.0
Farouk Systems	35863	02/21/07	CESQ2192	41,700	P	5,212.5
KMCO, Inc.	36261	02/21/07	Recycle-Oily Water	36,720	P	4,590.0
KMTEx	36468	02/21/07	Recycle-Oily Water	41,480	P	5,185.0

Martin Transport	36233	02/21/07	Recycle-Good Oil	46,562	P	5,820.3
MIC	36170	02/21/07	recycle-coolant/oil	25,854	P	3,231.8
Turneco Oil Services	36435	02/21/07		18,406	P	2,300.8
Atlantic Industrial Services	36551	02/22/07	Recycle-Oily Water	280	P	35.0
Commercial Metals	36397	02/22/07	Recycle-Oily Water	50,040	P	6,255.0
Martin Transport	36479	02/22/07	Recycle-Good Oil	15,020	P	1,877.5
Turneco Oil Services	36489	02/22/07		18,406	P	2,300.8
Turneco Oil Services	36458	02/22/07		21,359	P	2,669.8
Farouk Systems	35864	02/23/07	CESQ2192	45,870	P	5,733.8
Canrig	36495	02/26/07	Recycle	4,500	P	562.5
Canrig	36496	02/26/07	Recycle	3,500	P	437.5
Farouk Systems	36389	02/26/07	CESQ2192	45,870	P	5,733.8
GI Environmental Vacuum Service	36786	02/26/07		33,360	P	4,170.0
Golden Opportunity Recycling	36657	02/26/07		16,680	P	2,085.0
KMCO, Inc.	36660	02/26/07	Recycle-Oily Water	41,220		5,152.5
Turneco Oil Services	36711	02/26/07		18,406	P	2,300.8
Vetco Gray	36449	02/26/07	Recycle-Oily Water	33,360	P	4,170.0
Atlantic Industrial Services (Shreveport)	36450	02/27/07	Recycle-Oily Water	43,368	P	5,421.0
GI Environmental Vacuum Service	36785	02/27/07		33,360	P	4,170.0
Golden Opportunity Recycling	36783	02/27/07		16,680	P	2,085.0
Turneco Oil Services	36712	02/27/07		18,523	P	2,315.4
Turneco Oil Services	36713	02/27/07	Fuel Oil	18,348	P	2,293.5
Farouk Systems	36390	02/28/07	CESQ2192	41,700	P	5,212.5
Holcomb Oil Recycling	36674	02/28/07	Recycle-Oily Water	36,754	P	4,594.3
J.A.M. Distributing Co.	36761	02/28/07	recvele-oily water	58,380	P	7,297.5
J.A.M. Distributing Co.	36738	02/28/07	recvele-oily water	58,380	P	7,297.5
KMTEx	36770	02/28/07	Recycle-Oily Water	49,740	P	6,217.5
						443,392.8
Atlantic Industrial Services	37007	03/01/07	Recycle-Oily Water	600	P	75.0
Golden Opportunity Recycling	37054	03/01/07		16,680	P	2,085.0
KMTEx	37087	03/01/07	Recycle-Oily Water	37,220	P	4,652.5
KMTEx	36774	03/01/07	Recycle-Oily Water	30,540	P	3,817.5
KMTEx	37084	03/01/07	Recycle-Oily Water	45,900	P	5,737.5
KMTEx	37085	03/01/07	Recycle-Oily Water	42,660	P	5,332.5
KMTEx	37086	03/01/07	Recycle-Oily Water	46,880	P	5,860.0
OEM	36757	03/01/07	Recycle-Oily Water	1,800	P	225.0
Farouk Systems	36391	03/02/07	CESQ2192	45,870	P	5,733.8
KMTEx	37093	03/02/07	Recycle-Oily Water	40,000	P	5,000.0
KMTEx	37090	03/02/07	Recycle-Oily Water	30,040	P	3,755.0
KMTEx	37088	03/02/07	Recycle-Oily Water	37,640	P	4,705.0
KMTEx	37089	03/03/07	Recycle-Oily Water	46,040	P	5,755.0
GI Environmental Vacuum Service	37214	03/04/07		15,012	P	1,876.5
Ethyl Corporation	37213	03/05/07	Recycle-Oily Water	48,960	P	6,120.0
Farouk Systems	36843	03/05/07	CESQ2192	45,870	P	5,733.8
GI Environmental Vacuum Service	37215	03/05/07		25,020	P	3,127.5
Turneco Oil Services	37230	03/05/07	Used oil	18,523	P	2,315.4
Ameriforge Corporation	37167	03/06/07	Recycle-Oily Water	41,700	P	5,212.5
Ameriforge Corporation	37172	03/06/07	Recycle-Oily Water	40,032	P	5,004.0
Atlantic Industrial Services	37255	03/06/07	Recycle-Oily Water	450	P	56.3
Atlantic Industrial Services (Shreveport)	37109	03/06/07	Recycle-Oily Water	51,708	P	6,463.5
Commercial Metals	37171	03/06/07	Recycle-Oily Water	41,700	P	5,212.5
Houston Grinding and Mfg.	37138	03/06/07	Recycle-Oily Water	12,510	P	1,563.8
Select Environmental	37254	03/06/07	Oily water	50,040	P	6,255.0
Turneco Oil Services	37229	03/06/07	Used oil	18,406	P	2,300.8
Ethyl Corporation	37393	03/07/07	Recycle-Oily Water	48,380	P	6,047.5
Farouk Systems	36844	03/07/07	CESQ2192	45,870	P	5,733.8
Louisiana Pacific (Silsbee)	37161	03/07/07	Recycle	36,140	P	4,517.5
Midstate Environmental Services LP	37396	03/07/07	Recycle-Oily Water	51,675	P	6,459.4
NOV (Magnolia)	37166	03/07/07	Recycle	25,020	P	3,127.5
Turneco Oil Services	37332	03/07/07	Used oil	18,406	P	2,300.8

Turneco Oil Services	37331	03/07/07	Used oil	18,523	P	2,315.4
Farouk Systems	37416	03/08/07	CESQ2192	41,700	P	5,212.5
Holcomb Oil Recycling	36860	03/08/07	Recycle-Oily Water	43,743	P	5,467.9
Louisiana Pacific (Silsbee)	37162	03/08/07	Recycle	38,780	P	4,847.5
Turneco Oil Services	35967	03/08/07	Oily water	16,680	P	2,085.0
Farouk Systems	36845	03/09/07	CESQ2192	41,700	P	5,212.5
GI Environmental Vacuum Service	37576	03/09/07		14,178	P	1,772.3
GI Environmental Vacuum Service	37581	03/09/07		16,680	P	2,085.0
Louisiana Pacific (Silsbee)	37163	03/09/07	Recycle	37,940	P	4,742.5
Proler Southwest	37378	03/09/07	Recycle-Oily Water	45,870	P	5,733.8
Select Environmental	37516	03/09/07	Oily water	33,360	P	4,170.0
Commercial Metals	37524	03/12/07	Recycle-Oily Water	41,700	P	5,212.5
Farouk Systems	37097	03/12/07	CESQ2192	41,700	P	5,212.5
Ameriforge Corporation	37553	03/13/07	Recycle-Oily Water	33,640	P	4,205.0
Midstate Environmental Services LP	37809	03/13/07	Recycle-Oily Water	51,708	P	6,463.5
Precision Tube Tech.	37612	03/13/07	Recycle-Oily Water	30,858	P	3,857.3
Select Environmental	37651	03/13/07	Oily water	51,708	P	6,463.5
Dresser Flow	37628	03/14/07	Recycle-Coolant	33,364	P	4,170.5
Farouk Systems	37098	03/14/07	CESQ2192	41,700	P	5,212.5
Turneco Oil Services	37858	03/14/07	Oily water	16,680	P	2,085.0
Turneco Oil Services	37873	03/14/07	Oily water	5,004	P	625.5
Turneco Oil Services	37444	03/14/07	Used oil	18,406	P	2,300.8
Atlantic Industrial Services (Shreveport)	37655	03/15/07	Recycle-Oily Water	51,708	P	6,463.5
Commercial Metals	37804	03/15/07	Recycle-Oily Water	45,870	P	5,733.8
Ameriforge Corporation	37829	03/16/07	Recycle-Oily Water	36,980	P	4,622.5
Atlantic Industrial Services	38074	03/16/07	Recycle-Oily Water	1,000	P	125.0
Farouk Systems	37099	03/16/07	CESQ2192	41,700	P	5,212.5
Hydrill McCarty	37657	03/16/07	recycle	9,633	P	1,204.1
Lubrizol-Deer Park	37805	03/16/07	Recycle	36,480	P	4,560.0
NOV Drilling Equipment (Lockwood)	37787	03/16/07	Recycle	25,020	P	3,127.5
Proler Southwest	37841	03/16/07	Recycle-Oily Water	41,700	P	5,212.5
Proler Southwest	37842	03/16/07	Recycle-Oily Water	41,700	P	5,212.5
Select Environmental	38034	03/16/07	Oily water	37,113	P	4,639.1
Lubrizol-Deer Park	37870	03/17/07	Recycle	35,780	P	4,472.5
Farouk Systems	37351	03/19/07	CESQ2192	41,700	P	5,212.5
Farouk Systems	38017	03/19/07	CESQ2192	25,020	P	3,127.5
Forged Vessel Connections, Inc.	37900	03/19/07	Recycle-Oily Water	16,680	P	2,085.0
Greens Bayou Pipe Mill, LP	37885	03/19/07	Recycle-Oily Water	3,336	P	417.0
Proler Southwest	37844	03/19/07	Recycle-Oily Water	41,700	P	5,212.5
Proler Southwest	37843	03/19/07	Recycle-Oily Water	41,700	P	5,212.5
Schlumberger Technology - IPC North	37960	03/19/07	Recycle	16,680	P	2,085.0
Vetco Gray	37888	03/19/07	Recycle-Oily Water	41,700	P	5,212.5
KMCO, Inc.	38075	03/20/07	Recycle-Oily Water	33,340	P	4,167.5
Proler Southwest	37991	03/20/07	Recycle-Oily Water	41,700	P	5,212.5
Proler Southwest	37992	03/20/07	Recycle-Oily Water	41,700	P	5,212.5
Select Environmental	38195	03/20/07	Oily water	35,028	P	4,378.5
Atlantic Industrial Services (Shreveport)	38105	03/21/07	Recycle-Oily Water	51,708	P	6,463.5
Farouk Systems	37352	03/21/07	CESQ2192	41,700	P	5,212.5
Lubrizol-Deer Park	38053	03/21/07	Recycle	34,120	P	4,265.0
Lubrizol-Deer Park	38054	03/21/07	Recycle	34,240	P	4,280.0
Select Environmental	38359	03/21/07	Oily water	41,700	P	5,212.5
Atlantic Industrial Services (Shreveport)	38107	03/22/07	Recycle-Oily Water	6,200	P	775.0
Golden Opportunity Recycling	38395	03/22/07		16,680	P	2,085.0
Select Environmental	38396	03/22/07	Oily water	45,870	P	5,733.8
Farouk Systems	37353	03/23/07	CESQ2192	41,700	P	5,212.5
KMTEx	38287	03/23/07	Recycle-Oily Water	43,400	P	5,425.0
KMTEx	38288	03/23/07	Recycle-Oily Water	46,560	P	5,820.0
Lubrizol-Deer Park	38274	03/23/07	Recycle	34,820	P	4,352.5
Lubrizol-Deer Park	38275	03/23/07	Recycle	32,560	P	4,070.0
NOV (Magnolia)	38240	03/23/07	Recycle	1,200	P	150.0
Select Environmental	38421	03/23/07	Oily water	51,708	P	6,463.5

Ethyl Corporation	38439	03/24/07	Recycle-Oily Water	50,180	P	6,272.5
Lubrizol-Deer Park	38278	03/24/07	Recycle	37,680	P	4,710.0
Lubrizol-Deer Park	38277	03/24/07	Recycle	35,620	P	4,452.5
Proler Southwest	38342	03/24/07	Recycle-Oily Water	5,000	P	625.0
Proler Southwest	38343	03/24/07	Recycle-Oily Water	5,000	P	625.0
Farouk Systems	37703	03/26/07	CESQ2192	33,360	P	4,170.0
KMTEx	38289	03/26/07	Recycle-Oily Water	43,680	P	5,460.0
KMTEx	38290	03/26/07	Recycle-Oily Water	31,960	P	3,995.0
Midstate Environmental Services LP	38570	03/26/07	Recycle-Oily Water	54,210	P	6,776.3
Select Environmental	38571	03/26/07	Oily water	51,708	P	6,463.5
MIC	38340	03/27/07	recycle-coolant/oil	36,696	P	4,587.0
Midstate Environmental Services LP	38640	03/27/07	Recycle-Oily Water	53,376	P	6,672.0
Midstate Environmental Services LP	38637	03/27/07	Recycle-Oily Water	52,542	P	6,567.8
Midstate Environmental Services LP	38641	03/27/07	Recycle-Oily Water	54,210	P	6,776.3
Turneco Oil Services	38595	03/27/07	Used oil	18,523	P	2,315.4
Farouk Systems	37704	03/28/07	CESQ2192	5,000	P	625.0
KMCO, Inc.	38566	03/28/07	Recycle-Oily Water	47,080	P	5,885.0
KMCO, Inc.	38567	03/28/07	Recycle-Oily Water	40,300	P	5,037.5
KMCO, Inc.	38565	03/28/07	Recycle-Oily Water	47,920	P	5,990.0
Lubrizol-Deer Park	38453	03/28/07	Recycle	36,000	P	4,500.0
Lubrizol-Deer Park	38628	03/28/07	Recycle	36,060	P	4,507.5
Midstate Environmental Services LP	38695	03/28/07	Recycle-Oily Water	52,542	P	6,567.8
Select Environmental	38696	03/28/07	Oily water	41,700	P	5,212.5
Turneco Oil Services	38361	03/28/07	Used oil	18,406	P	2,300.8
Ameriforge Corporation	38466	03/29/07	Recycle-Oily Water	37,260	P	4,657.5
Gulf Coast Oil Recovery	38771	03/29/07	Recycle-Oily Water	50,040	P	6,255.0
Lubrizol-Deer Park	38456	03/29/07	Recycle	34,400	P	4,300.0
Lubrizol-Deer Park	38455	03/29/07	Recycle	32,380	P	4,047.5
NOV (Magnolia)	38587	03/29/07	Recycle	2,000	P	250.0
PGI International	38464	03/29/07	Recycle-Oily Water	1,800	P	225.0
Vetco Gray	38616	03/29/07	Recycle-Oily Water	2,500	P	312.5
Atlantic Industrial Services	38886	03/30/07	Recycle-Oily Water	450	P	56.3
Atlantic Industrial Services (Shreveport)	38698	03/30/07	Recycle-Oily Water	51,708	P	6,463.5
Ethyl Corporation	38758	03/30/07	Recycle-Oily Water	49,480	P	6,185.0
Farouk Systems	37706	03/30/07	CESQ2192	50,040	P	6,255.0
Gulf Coast Oil Recovery	38889	03/30/07	Recycle-Oily Water	50,040	P	6,255.0
Turneco Oil Services	38888	03/30/07	Oily water	16,680	P	2,085.0
Turneco Oil Services	38887	03/31/07	Oily water	50,040	P	6,255.0
						549,952.6
Farouk Systems	37707	04/02/07	CESQ2192	25,020	P	3,127.5
Midstate Environmental Services LP	38957	04/02/07	Recycle-Oily Water	52,542	P	6,567.8
Midstate Environmental Services LP	38956	04/02/07	Recycle-Oily Water	51,708	P	6,463.5
Select Environmental	38959	04/02/07	Oily water	41,700	P	5,212.5
Select Environmental	38958	04/02/07	Oily water	48,372	P	6,046.5
Turneco Oil Services	38963	04/02/07	Oily water	9,174	P	1,146.8
Ameriforge Corporation	38836	04/03/07	Recycle-Oily Water	32,620	P	4,077.5
Lubrizol-Deer Park	38724	04/03/07	Recycle	41,000	P	5,125.0
Lubrizol-Deer Park	38723	04/03/07	Recycle	32,580	P	4,072.5
Lubrizol-Deer Park	38837	04/03/07	Recycle	37,620	P	4,702.5
Select Environmental	39098	04/03/07	Oily water	48,664	P	6,083.0
Atlantic Industrial Services (Shreveport)	38868	04/04/07	Recycle-Oily Water	51,708	P	6,463.5
Farouk Systems	37708	04/04/07	CESQ2192	45,870	P	5,733.8
Lubrizol-Deer Park	38726	04/04/07	Recycle	38,860	P	4,857.5
Lubrizol-Deer Park	38725	04/04/07	Recycle	36,780	P	4,597.5
Proler Southwest	38846	04/04/07	Recycle-Oily Water	45,870	P	5,733.8
Proler Southwest	38847	04/04/07	Recycle-Oily Water	45,870	P	5,733.8
Sunbelt Machine Works Corporation	38939	04/04/07	Recycle-Oily Water	16,263	P	2,032.9
Turneco Oil Services	39097	04/04/07	Fuel Oil	18,348	P	2,293.5
Turneco Oil Services	39162	04/04/07	Oily water	8,340	P	1,042.5
Atlantic Industrial Services (Shreveport)	38869	04/05/07	Recycle-Oily Water	54,210	P	6,776.3

Lubrizol-Deer Park	38842	04/05/07	Recycle	33,460	P	4,182.5
Lubrizol-Deer Park	38841	04/05/07	Recycle	36,640	P	4,580.0
Midstate Environmental Services LP	39286	04/05/07	Recycle-Oily Water	52,650	P	6,581.3
NOV (Magnolia)	38934	04/05/07	Recycle	3,336	P	417.0
OEM	39030	04/05/07	recycle	600	P	75.0
OEM	39030	04/05/07	recycle	450	P	56.3
OEM	39036	04/05/07	recycle	800	P	100.0
Select Environmental	39289	04/05/07	Oily water	50,040	P	6,255.0
Atlantic Industrial Services (Shreveport)	38870	04/06/07	Recycle-Oily Water	51,708	P	6,463.5
Farouk Systems	37709	04/06/07	CESQ2192	45,870	P	5,733.8
GI Environmental Vacuum Service	39292	04/06/07		33,360	P	4,170.0
GI Environmental Vacuum Service	39291	04/06/07		33,360	P	4,170.0
Lubrizol-Deer Park	38840	04/06/07	Recycle	36,500	P	4,562.5
Lubrizol-Deer Park	38838	04/06/07	Recycle	31,160	P	3,895.0
Precision Tube Tech.	39124	04/06/07	Recycle-Oily Water	25,020	P	3,127.5
GI Environmental Vacuum Service	39293	04/07/07		20,850	P	2,606.3
Proler Southwest	39000	04/07/07	Recycle-Oily Water	45,870	P	5,733.8
Proler Southwest	39200	04/07/07	Recycle-Oily Water	5,500	P	687.5
Proler Southwest	38999	04/07/07	Recycle-Oily Water	45,870	P	5,733.8
Ameriforge Corporation	39138	04/09/07	Recycle-Oily Water	22,470	P	2,808.8
Farouk Systems	37710	04/09/07	CESQ2192	25,020	P	3,127.5
Lubrizol-Deer Park	38903	04/09/07	Recycle	40,120	P	5,015.0
Lubrizol-Deer Park	38904	04/09/07	Recycle	41,060	P	5,132.5
Midstate Environmental Services LP	39327	04/09/07	Recycle-Oily Water	54,427	P	6,803.4
Midstate Environmental Services LP	39326	04/09/07	Recycle-Oily Water	55,878	P	6,984.8
Select Environmental	39328	04/09/07	Oily water	50,040	P	6,255.0
Turneco Oil Services	39325	04/09/07	Oily water	12,510	P	1,563.8
GI Environmental Vacuum Service	39477	04/10/07		26,271	P	3,283.9
Lubrizol-Deer Park	39147	04/10/07	Recycle	36,560	P	4,570.0
Lubrizol-Deer Park	39148	04/10/07	Recycle	35,860	P	4,482.5
Midstate Environmental Services LP	39472	04/10/07	Recycle-Oily Water	54,419	P	6,802.4
Midstate Environmental Services LP	39474	04/10/07	Recycle-Oily Water	54,510	P	6,813.8
Midstate Environmental Services LP	39473	04/10/07	Recycle-Oily Water	53,851	P	6,731.4
Select Environmental	39475	04/10/07	Oily water	41,700	P	5,212.5
Turneco Oil Services	39471	04/10/07	Oily water	10,008	P	1,251.0
Atlantic Industrial Services	39680	04/11/07	Recycle-Oily Water	1,200	P	150.0
Dresser Flow	39294	04/11/07	Recycle-Coolant	41,700	P	5,212.5
Farouk Systems	37711	04/11/07	CESQ2192	41,700	P	5,212.5
KMCO, Inc.	39304	04/11/07	Recycle-Oily Water	38,480	P	4,810.0
KMCO, Inc.	39303	04/11/07	Recycle-Oily Water	37,200	P	4,650.0
KMCO, Inc.	39302	04/11/07	Recycle-Oily Water	41,700	P	5,212.5
Lubrizol-Deer Park	39150	04/11/07	Recycle	35,200	P	4,400.0
Lubrizol-Deer Park	39149	04/11/07	Recycle	36,540	P	4,567.5
Midstate Environmental Services LP	39574	04/11/07	Recycle-Oily Water	54,535	P	6,816.9
Midstate Environmental Services LP	39575	04/11/07	Recycle-Oily Water	54,210	P	6,776.3
Proler Southwest	39213	04/11/07	Recycle-Oily Water	41,700	P	5,212.5
Proler Southwest	39214	04/11/07	Recycle-Oily Water	41,700	P	5,212.5
Select Environmental	39572	04/11/07	Oily water	45,870	P	5,733.8
Turneco Oil Services	39571	04/11/07	Oily water	16,680	P	2,085.0
Atlantic Industrial Services (Shreveport)	39440	04/12/07	Recycle-Oily Water	51,708	P	6,463.5
GI Environmental Vacuum Service	39702	04/12/07		16,680	P	2,085.0
Lubrizol-Deer Park	38910	04/12/07	Recycle	38,260	P	4,782.5
Lubrizol-Deer Park	38909	04/12/07	Recycle	37,960	P	4,745.0
Atlantic Industrial Services (Shreveport)	39441	04/13/07	Recycle-Oily Water	51,708	P	6,463.5
Farouk Systems	37712	04/13/07	CESQ2192	45,870	P	5,733.8
NOV (Magnolia)	39484	04/13/07	Recycle	20,850	P	2,606.3
Select Environmental	39682	04/13/07	Oily water	50,040	P	6,255.0
Atlantic Industrial Services	39810	04/14/07	Recycle-Oily Water	600	P	75.0
Farouk Systems	37713	04/16/07	CESQ2192	25,020	P	3,127.5
Greens Bayou Pipe Mill, LP	39600	04/16/07	Recycle-Oily Water	4,921	P	615.1
Lubrizol-Deer Park	38905	04/16/07	Recycle	36,280	P	4,535.0

Lubrizol-Deer Park	38906	04/16/07	Recycle	36,660	P	4,582.5
Turneco Oil Services	39963	04/17/07	Used oil	18,523	P	2,315.4
Atlantic Industrial Services	39948	04/18/07	Recycle-Oily Water	600	P	75.0
Farouk Systems	37714	04/18/07	CESQ2192	41,700	P	5,212.5
GI Environmental Vacuum Service	39960	04/18/07		33,360	P	4,170.0
GI Environmental Vacuum Service	39961	04/18/07		33,360	P	4,170.0
J & D Oil Service	39947	04/18/07	Recycle-Oily Water	12,510	P	1,563.8
Lubrizol-Deer Park	39665	04/18/07	Recycle	36,500	P	4,562.5
Lubrizol-Deer Park	39666	04/18/07	Recycle	37,660	P	4,707.5
Forged Products	39911	04/19/07	Recycle-Oily Water	44,202	P	5,525.3
GI Environmental Vacuum Service	40058	04/19/07		33,360	P	4,170.0
GI Environmental Vacuum Service	40057	04/19/07		33,360	P	4,170.0
Holcomb Oil Recycling	39871	04/19/07	Recycle-Oily Water	34,119	P	4,264.9
KMCO, Inc.	40008	04/19/07	Recycle-Oily Water	45,920	P	5,740.0
Select Environmental	40053	04/19/07	Oily water	51,708	P	6,463.5
Turneco Oil Services	39951	04/19/07	Oily water	8,340	P	1,042.5
Atlantic Industrial Services	40109	04/20/07	Recycle-Oily Water	200	P	25.0
Atlantic Industrial Services	40108	04/20/07	Recycle-Oily Water	400	P	50.0
Commercial Metals	40029	04/20/07	Recycle-Oily Water	43,368	P	5,421.0
Farouk Systems	37715	04/20/07	CESQ2192	5,200	P	650.0
Golden Opportunity Recycling	40106	04/20/07		16,680	P	2,085.0
Holcomb Oil Recycling	39888	04/20/07	Recycle-Oily Water	51,299	P	6,412.4
Lubrizol-Deer Park	39667	04/20/07	Recycle	37,760	P	4,720.0
Lubrizol-Deer Park	39668	04/20/07	Recycle	37,820	P	4,727.5
Enviro Solutions - Baytown	40168	04/23/07		6,672	P	834.0
Lubrizol-Deer Park	39953	04/23/07	Recycle	36,940	P	4,617.5
Lubrizol-Deer Park	39952	04/23/07	Recycle	38,040	P	4,755.0
NOV (Magnolia)	39959	04/23/07	Recycle	1,500	P	187.5
Turneco Oil Services	40470	04/23/07	Used oil	16,472	P	2,058.9
Ameriforge Corporation	40032	04/24/07	Recycle-Oily Water	36,840	P	4,605.0
Atlantic Industrial Services	40467	04/24/07	Recycle-Oily Water	600	P	75.0
Atlantic Industrial Services (Shreveport)	40078	04/24/07	Recycle-Oily Water	5,710	P	713.8
Farouk Systems	37716	04/24/07	CESQ2192	41,700	P	5,212.5
GI Environmental Vacuum Service	40497	04/24/07		31,692	P	3,961.5
High Island Petrochemicals	40625	04/24/07		54,210	P	6,776.3
NOV Drilling Equipment (West Little York)	40115	04/24/07	Recycle-Oily Water	2,500	P	312.5
Select Environmental	40469	04/24/07	Oily water	48,372	P	6,046.5
Turneco Oil Services	40608	04/24/07	Used oil	18,290	P	2,286.2
Farouk Systems	37717	04/25/07	CESQ2192	41,700	P	5,212.5
KMTEx	40364	04/25/07	Recycle-Black Oil	48,280	P	6,035.0
KMTEx	40365	04/25/07	Recycle-Black Oil	31,600	P	3,950.0
Lubrizol-Deer Park	39955	04/25/07	Recycle	38,400	P	4,800.0
Lubrizol-Deer Park	39954	04/25/07	Recycle	36,700	P	4,587.5
OEM	40038	04/25/07	Recycle-Base Oil	5,600	P	700.0
OEM	40038	04/25/07	Recycle-Oily Water	800	P	100.0
Atlantic Industrial Services (Shreveport)	40079	04/26/07	Recycle-Oily Water	51,708	P	6,463.5
Lubrizol-Deer Park	39956	04/26/07	Recycle	35,380	P	4,422.5
Turneco Oil Services	40624	04/26/07	Oily water	8,340	P	1,042.5
Turneco Oil Services	40609	04/26/07	Used oil	18,173	P	2,271.6
Ameriforge Corporation	40477	04/27/07	Recycle-Oily Water	24,300	P	3,037.5
Farouk Systems	37718	04/27/07	CESQ2192	41,700	P	5,212.5
KMCO, Inc.	40425	04/27/07	Recycle-Oily Water	34,500	P	4,312.5
KMCO, Inc.	40426	04/27/07	Recycle-Oily Water	29,440	P	3,680.0
Lubrizol-Deer Park	39957	04/27/07	Recycle	40,900	P	5,112.5
Lubrizol-Deer Park	39958	04/27/07	Recycle	39,460	P	4,932.5
Pathfinder Energy Services-Interdrive West	40376	04/27/07	Recycle-Oily Water	8,340	P	1,042.5
Pathfinder Energy Services-Interdrive West	40371	04/27/07	Recycle-Oily Water	5,500	P	687.5
Select Environmental	40694	04/27/07	Oily water	50,040	P	6,255.0
KMCO, Inc.	40612	04/28/07	Recycle-Oily Water	28,860	P	3,607.5
Lubrizol-Deer Park	40530	04/28/07	Recycle	38,220	P	4,777.5
Lubrizol-Deer Park	40529	04/28/07	Recycle	38,180	P	4,772.5

Enviro Solutions - Baytown	40793	04/30/07		12,510	P	1,563.8
J & D Oil Service	40735	04/30/07	Recycle-Oily Water	12,510	P	1,563.8
Lubrizol-Deer Park	40434	04/30/07	Recycle	40,520	P	5,065.0
Lubrizol-Deer Park	40433	04/30/07	Recycle	36,960	P	4,620.0
Turneco Oil Services	40830	04/30/07	Used oil	18,406	P	2,300.8
				588,794.1		
Enviro Solutions - Baytown	40827	05/01/07		8,340	P	1,042.5
Select Environmental	41500	05/01/07	Oily water	5,838	P	729.8
Atlantic Industrial Services (Shreveport)	40675	05/02/07	Recycle-Oily Water	51,708	P	6,463.5
Farouk Systems	37720	05/02/07	CESQ2192	41,700	P	5,212.5
Lubrizol-Deer Park	40438	05/02/07	Recycle	37,320	P	4,665.0
Lubrizol-Deer Park	40439	05/02/07	Recycle	38,180	P	4,772.5
Turneco Oil Services	40966	05/02/07	Used oil	18,406	P	2,300.8
Atlantic Industrial Services (Shreveport)	40685	05/03/07	Recycle-Oily Water	51,708	P	6,463.5
Enviro Solutions - Baytown	40982	05/03/07		41,325	P	5,165.6
Lubrizol-Deer Park	40443	05/03/07	Recycle	36,300	P	4,537.5
Lubrizol-Deer Park	40441	05/03/07	Recycle	39,920	P	4,990.0
Lubrizol-Deer Park	40442	05/03/07	Recycle	37,500	P	4,687.5
PGI International	40809	05/03/07	Recycle-Oily Water	20,850	P	2,606.3
Schlumberger Technology - IPC North	40848	05/03/07	Recycle	9,174	P	1,146.8
Select Environmental	40984	05/03/07	Oily water	51,708	P	6,463.5
Turneco Oil Services	40967	05/03/07	Used oil	18,615	P	2,326.9
Vetco Gray	40683	05/03/07	Recycle-Oily Water	41,700	P	5,212.5
Enviro Solutions - Baytown	41044	05/04/07		3,753	P	469.1
Farouk Systems	37721	05/04/07	CESQ2192	29,190	P	3,648.8
Lubrizol-Deer Park	40444	05/04/07	Recycle	37,460	P	4,682.5
Select Environmental	41043	05/04/07	Oily water	31,692	P	3,961.5
Select Environmental	41042	05/04/07	Oily water	50,040	P	6,255.0
Ameriforge Corporation	40860	05/05/07	Recycle-Oily Water	37,013	P	4,626.6
Lubrizol-Deer Park	40452	05/05/07	Recycle	36,180	P	4,522.5
Lubrizol-Deer Park	40450	05/05/07	Recycle	36,920	P	4,615.0
Atlantic Industrial Services (Shreveport)	40925	05/07/07	Recycle-Oily Water	6,200	P	775.0
Farouk Systems	40758	05/07/07	CESQ2192	26,688	P	3,336.0
KMTEx	40992	05/07/07	Recycle-Oily Water	39,100	P	4,887.5
Lubrizol-Deer Park	40876	05/07/07	Recycle	36,660	P	4,582.5
Proler Southwest	40986	05/07/07	Recycle-Oily Water	50,040	P	6,255.0
Proler Southwest	40863	05/07/07	Recycle-Oily Water	6,000	P	750.0
Proler Southwest	40864	05/07/07	Recycle-Oily Water	6,000	P	750.0
Select Environmental	41109	05/07/07	Oily water	50,040	P	6,255.0
Atlantic Industrial Services (Shreveport)	40926	05/08/07	Recycle-Oily Water	51,708	P	6,463.5
KMTEx	40994	05/08/07	Recycle-Oily Water	40,560	P	5,070.0
KMTEx	40995	05/08/07	Recycle-Oily Water	32,980	P	4,122.5
Lubrizol-Deer Park	40877	05/08/07	Recycle	38,960	P	4,870.0
Lubrizol-Deer Park	40878	05/08/07	Recycle	39,820	P	4,977.5
Atlantic Industrial Services	41296	05/09/07	Recycle-Oily Water	400	P	50.0
Atlantic Industrial Services (Shreveport)	41060	05/09/07	Recycle-Oily Water	51,708	P	6,463.5
Dresser Flow	41028	05/09/07	Recycle-Coolant	39,198	P	4,899.8
Farouk Systems	40759	05/09/07	CESQ2192	43,368	P	5,421.0
Forged Vessel Connections, Inc.	41024	05/09/07	Recycle-Oily Water	35,028	P	4,378.5
Holcomb Oil Recycling	41065	05/09/07	Recycle-Oily Water	41,433	P	5,179.1
Holcomb Oil Recycling	41066	05/09/07	Recycle-Oily Water	43,868	P	5,483.5
Houston Grinding and Mfg.	41131	05/09/07	Recycle-Oily Water	12,510	P	1,563.8
Lubrizol-Deer Park	40879	05/09/07	Recycle	38,140	P	4,767.5
Lubrizol-Deer Park	40880	05/09/07	Recycle	37,920	P	4,740.0
GI Environmental Vacuum Service	41385	05/10/07		33,360	P	4,170.0
MIC	41006	05/10/07	recycle-coolant/oil	25,229	P	3,153.6
Proler Southwest	40899	05/10/07	Recycle-Oily Water	41,700	P	5,212.5
Atlantic Industrial Services (Shreveport)	41061	05/11/07	Recycle-Oily Water	51,708	P	6,463.5
Enviro Solutions - Baytown	41458	05/11/07		23,352	P	2,919.0
Farouk Systems	40760	05/11/07	CESQ2192	43,368	P	5,421.0

Lubrizol-Deer Park	40884	05/11/07	Recycle	38,760	P	4,845.0
Lubrizol-Deer Park	40885	05/11/07	Recycle	36,560	P	4,570.0
Ovalen Development LLC	41235	05/11/07	Recycle	5,200	P	650.0
Ethyl Corporation	41491	05/12/07	Recycle-Oily Water	43,880	P	5,485.0
Lubrizol-Deer Park	40887	05/12/07	Recycle	33,460	P	4,182.5
Lubrizol-Deer Park	40886	05/12/07	Recycle	35,720	P	4,465.0
NOV Drilling Equipment (Lockwood)	41274	05/12/07	Recycle	25,020	P	3,127.5
Ameriforge Corporation	41170	05/14/07	Recycle-Oily Water	41,700	P	5,212.5
Commercial Metals	41480	05/14/07	Recycle-Oily Water	45,870	P	5,733.8
Enviro Solutions - Baytown	41538	05/14/07		15,012	P	1,876.5
Farouk Systems	41319	05/14/07	CESQ2192	45,870	P	5,733.8
Proler Southwest	41397	05/15/07	Recycle-Oily Water	41,700	P	5,212.5
Turneco Oil Services	41612	05/15/07	Used oil	18,406	P	2,300.8
Enviro Solutions - Baytown	41660	05/16/07		21,684	P	2,710.5
Farouk Systems	41320	05/16/07	CESQ2192	41,320	P	5,165.0
Proler Southwest	41398	05/16/07	Recycle-Oily Water	41,700	P	5,212.5
Proler Southwest	41399	05/16/07	Recycle-Oily Water	5,000	P	625.0
Select Environmental	42012	05/16/07	Oily water	50,040	P	6,255.0
Turneco Oil Services	41668	05/16/07	Used oil	18,290	P	2,286.2
Vetco Gray	41471	05/16/07	Recycle-Oily Water	41,700	P	5,212.5
Atlantic Industrial Services	41677	05/17/07	Recycle-Oily Water	400	P	50.0
Atlantic Industrial Services (Shreveport)	41507	05/17/07	Recycle-Oily Water	51,708	P	6,463.5
Greens Bayou Pipe Mill, LP	41648	05/17/07	Recycle-Oily Water	600	P	75.0
Holcomb Oil Recycling	41622	05/17/07	Recycle-Oily Water	36,888	P	4,611.0
Turneco Oil Services	41669	05/17/07	Used oil	18,523	P	2,315.4
Ameriforge Corporation	41483	05/18/07	Recycle-Oily Water	23,420	P	2,927.5
Enviro Solutions - Baytown	41838	05/18/07		23,352	P	2,919.0
Enviro Solutions - Baytown	41839	05/18/07		5,421	P	677.6
Farouk Systems	41321	05/18/07	CESQ2192	45,870	P	5,733.8
Lubrizol-Deer Park	41664	05/18/07	Recycle	36,240	P	4,530.0
Lubrizol-Deer Park	41665	05/18/07	Recycle	34,920	P	4,365.0
Proler Southwest	41698	05/18/07	Recycle-Oily Water	5,500	P	687.5
Lubrizol-Deer Park	41667	05/19/07	Recycle	35,000	P	4,375.0
Lubrizol-Deer Park	41666	05/19/07	Recycle	36,260	P	4,532.5
KMTEx	41693	05/21/07	Recycle-Oily Water	50,420	P	6,302.5
Ovalen Development LLC	41679	05/21/07	Recycle	45,870	P	5,733.8
Atlantic Industrial Services (Shreveport)	41833	05/22/07	Recycle-Oily Water	51,708	P	6,463.5
Enviro Solutions - Baytown	42001	05/22/07		5,004	P	625.5
KMTEx	41694	05/22/07	Recycle-Oily Water	47,840	P	5,980.0
Lubrizol-Deer Park	41680	05/22/07	Recycle	33,700	P	4,212.5
Select Environmental	42005	05/22/07	Oily water	48,372	P	6,046.5
Turneco Oil Services	41969	05/22/07	Used oil	18,406	P	2,300.8
Farouk Systems	41707	05/23/07	CESQ2192	45,870	P	5,733.8
KMTEx	41692	05/23/07	Recycle-Oily Water	42,840	P	5,355.0
KMTEx	41695	05/23/07	Recycle-Oily Water	36,180	P	4,522.5
Lubrizol-Deer Park	41681	05/23/07	Recycle	34,580	P	4,322.5
NOV (Magnolia)	41613	05/23/07	Recycle	4,170	P	521.3
Select Environmental	42072	05/23/07	Oily water	50,040	P	6,255.0
Turneco Oil Services	42081	05/23/07	Used oil	18,523	P	2,315.4
Atlantic Industrial Services	42183	05/24/07	Recycle-Oily Water	340	P	42.5
Atlantic Industrial Services	42184	05/24/07	Recycle-Oily Water	320	P	40.0
Atlantic Industrial Services (Shreveport)	41834	05/24/07	Recycle-Oily Water	51,708	P	6,463.5
Boring Specialties	42180	05/24/07	Oily water	35,028	P	4,378.5
Lubrizol-Deer Park	41682	05/24/07	Recycle	36,480	P	4,560.0
NOV Drilling Equipment (West Little York)	41897	05/24/07	Recycle-Oily Water	20,850	P	2,606.3
Phillips Waste Oil	42170	05/24/07		12,510	P	1,563.8
Proler Southwest	41874	05/24/07	Recycle-Oily Water	41,700	P	5,212.5
Proler Southwest	41875	05/24/07	Recycle-Oily Water	5,000	P	625.0
Proler Southwest	41878	05/24/07	Recycle-Oily Water	41,700	P	5,212.5
Turneco Oil Services	42082	05/24/07	Oily water	16,680	P	2,085.0
Farouk Systems	41708	05/25/07	CESQ2192	41,700	P	5,212.5

Lubrizol-Deer Park	41683	05/25/07	Recycle	33,660	P	4,207.5
Momentum Biofuels	42088	05/25/07	Recycle-Oily Water	54,210	P	6,776.3
Lubrizol-Deer Park	41973	05/26/07	Recycle	34,560	P	4,320.0
Lubrizol-Deer Park	41972	05/26/07	Recycle	40,300	P	5,037.5
Pathfinder Energy Services-Interdrive West	41958	05/26/07	Recycle-Oily Water	41,700	P	5,212.5
T3 Energy Services - Cypress	42046	05/26/07	Recycle-Oily Water	25,020	P	3,127.5
Ameriforge Corporation	42242	05/29/07	Recycle-Oily Water	24,940	P	3,117.5
Enviro Solutions - Baytown	42410	05/29/07		5,421	P	677.6
Hydriil HHP	42236	05/29/07	Recycle-Oily Water	41,700	P	5,212.5
Lubrizol-Deer Park	42037	05/29/07	Recycle	36,840	P	4,605.0
Precision Tube Tech.	42237	05/29/07	Recycle-Oily Water	26,688	P	3,336.0
Select Environmental	42409	05/29/07	Oily water	48,372	P	6,046.5
T3 Energy Services - Cypress	42223	05/29/07	Recycle-Oily Water	12,510	P	1,563.8
Turneco Oil Services	42358	05/29/07	Fuel Oil	18,348	P	2,293.5
Vetco Gray	42216	05/29/07	Recycle-Oily Water	41,700	P	5,212.5
Ameriforge Corporation	42052	05/30/07	Recycle-Oily Water	35,120	P	4,390.0
Atlantic Industrial Services (Shreveport)	42195	05/30/07	Recycle-Oily Water	6,200	P	775.0
Farouk Systems	42109	05/30/07	CESQ2192	45,870	P	5,733.8
Forged Products	42354	05/30/07	Recycle-Oily Water	5,500	P	687.5
Hydriil HHP	42051	05/30/07	Recycle-Used Oil	450	P	56.3
Hydriil HHP	42051	05/30/07	Recycle-Used Oil	450	P	56.3
Hydriil HHP	42053	05/30/07	Recycle-Oily Water	13,344	P	1,668.0
Lubrizol-Deer Park	42038	05/30/07	Recycle	36,820	P	4,602.5
PGI International	42193	05/30/07	Recycle-Oily Water	2,000	P	250.0
Proler Southwest	42265	05/30/07	Recycle-Oily Water	41,700	P	5,212.5
Select Environmental	42450	05/30/07	Oily water	36,696	P	4,587.0
Turneco Oil Services	42359	05/30/07	Oily water	16,680	P	2,085.0
Turneco Oil Services	42441	05/30/07	Used oil	18,406	P	2,300.8
Atlantic Industrial Services (Shreveport)	42196	05/31/07	Recycle-Oily Water	51,708	P	6,463.5
Boring Specialties	42429	05/31/07	Oily water	20,850	P	2,606.3
Forged Products	42356	05/31/07	Recycle-Oily Water	4,170	P	521.3
Hydriil HHP	42362	05/31/07	Recycle-Oily Water	41,700	P	5,212.5
Hydriil HHP	42363	05/31/07	Recycle-Oily Water	41,700	P	5,212.5
Lubrizol-Deer Park	42039	05/31/07	Recycle	35,420	P	4,427.5
Proler Southwest	42418	05/31/07	Recycle-Oily Water	45,870	P	5,733.8
Turneco Oil Services	42527	05/31/07	Fuel Oil	18,348	P	2,293.5
Turneco Oil Services	42442	05/31/07	Oily water	8,340	P	1,042.5
						581,428.9
Atlantic Industrial Services (Shreveport)	42233	06/01/07	Recycle-Oily Water	51,708	P	6,463.5
Farouk Systems	42110	06/01/07	CESQ2192	29,190	P	3,648.8
Hydriil HHP	42489	06/01/07	Recycle-Oily Water	41,700	P	5,212.5
Hydriil HHP	42487	06/01/07	Recycle-Oily Water	43,368	P	5,421.0
Lubrizol-Deer Park	42384	06/01/07	Recycle	37,120	P	4,640.0
Lubrizol-Deer Park	42040	06/01/07	Recycle	35,960	P	4,495.0
Proler Southwest	42268	06/01/07	Recycle-Oily Water	41,700	P	5,212.5
Proler Southwest	42269	06/01/07	Recycle-Oily Water	45,870	P	5,733.8
Vetco Gray	42518	06/01/07	Recycle-Oily Water	12,510	P	1,563.8
Ameriforge Corporation	42355	06/02/07	Recycle-Oily Water	39,560	P	4,945.0
GI Environmental Vacuum Service	42678	06/02/07		17,840	P	2,230.0
Lubrizol-Deer Park	42424	06/02/07	Recycle	34,860	P	4,357.5
Lubrizol-Deer Park	42385	06/02/07	Recycle	40,640	P	5,080.0
Lubrizol-Deer Park	42386	06/02/07	Recycle	37,740	P	4,717.5
Dresser Flow	42460	06/04/07	Recycle-Coolant	26,688	P	3,336.0
Farouk Systems	42466	06/04/07	CESQ2192	25,020	P	3,127.5
KMCO, Inc.	42701	06/04/07	Recycle-Oily Water	39,000	P	4,875.0
Lubrizol-Deer Park	42387	06/04/07	Recycle	38,220	P	4,777.5
Lubrizol-Deer Park	42388	06/04/07	Recycle	38,460	P	4,807.5
Lubrizol-Deer Park	42389	06/04/07	Recycle	35,880	P	4,485.0
NOV Drilling Equipment (Lockwood)	42511	06/04/07	Recycle	2,000	P	250.0
Turneco Oil Services	42711	06/04/07	Used oil	18,406	P	2,300.8

Lubrizol-Deer Park	42391	06/05/07	Recycle	44,220	P	5,527.5
Lubrizol-Deer Park	42390	06/05/07	Recycle	43,060	P	5,382.5
Lubrizol-Deer Park	42392	06/05/07	Recycle	43,520	P	5,440.0
Proler Southwest	42568	06/05/07	Recycle-Oily Water	41,700	P	5,212.5
Proler Southwest	42567	06/05/07	Recycle-Oily Water	41,700	P	5,212.5
Turneco Oil Services	42712	06/05/07	Oily water	15,012	P	1,876.5
Farouk Systems	42467	06/06/07	CESQ2192	25,020	P	3,127.5
Lubrizol-Deer Park	42394	06/06/07	Recycle	40,020	P	5,002.5
Lubrizol-Deer Park	42393	06/06/07	Recycle	42,800	P	5,350.0
Turneco Oil Services	42953	06/06/07	Used oil	18,406	P	2,300.8
Vetco Gray	42566	06/06/07	Recycle-Oily Water	2,500	P	312.5
Golden Opportunity Recycling	42945	06/07/07		16,680	P	2,085.0
Lubrizol-Deer Park	42397	06/07/07	Recycle	38,860	P	4,857.5
Lubrizol-Deer Park	42396	06/07/07	Recycle	42,000	P	5,250.0
OEM	42780	06/07/07	RECYCLE	300	P	37.5
OEM	42780	06/07/07	RECYCLE	800	P	100.0
OEM	42718	06/07/07	Recycle-Oily Water	11,676	P	1,459.5
Turneco Oil Services	42954	06/07/07	Used oil	18,348	P	2,293.5
Farouk Systems	42468	06/08/07	CESQ2192	20,850	P	2,606.3
KMTEx	42853	06/08/07	Recycle-Oily Water	48,460	P	6,057.5
Lubrizol-Deer Park	42399	06/08/07	Recycle	40,500	P	5,062.5
NOV (Magnolia)	42857	06/08/07	Recycle	12,510	P	1,563.8
Proler Southwest	42927	06/08/07	Recycle-Oily Water	5,000	P	625.0
Proler Southwest	42928	06/08/07	Recycle-Oily Water	41,700	P	5,212.5
Ethyl Corporation	42972	06/11/07	Recycle-Lube Oils	7,080	P	885.0
Farouk Systems	42827	06/11/07	CESQ2192	25,020	P	3,127.5
Greens Bayou Pipe Mill, LP	42949	06/11/07	Recycle-Oily Water	600	P	75.0
Holcomb Environmental	43348	06/11/07	Recyclable	16,680	P	2,085.0
Holcomb Environmental	43347	06/11/07	Recyclable	16,680	P	2,085.0
KMTEx	42855	06/11/07	Recycle-Oily Water	48,700	P	6,087.5
KMTEx	42856	06/11/07	Recycle-Oily Water	41,080	P	5,135.0
KMTEx	42854	06/11/07	Recycle-Oily Water	45,220	P	5,652.5
Lubrizol-Deer Park	42894	06/11/07	Recycle	37,680	P	4,710.0
Lubrizol-Deer Park	42893	06/11/07	Recycle	39,640	P	4,955.0
Sunbelt Machine Works Corporation	42956	06/11/07	Recycle-Oily Water	10,008	P	1,251.0
Turneco Oil Services	43232	06/11/07	Fuel Oil	16,680	P	2,085.0
Ameriforge Corporation	43007	06/12/07	Recycle-Oily Water	38,460	P	4,807.5
Lubrizol-Deer Park	42896	06/12/07	Recycle	38,400	P	4,800.0
Turneco Oil Services	43233	06/12/07	Used oil	18,523	P	2,315.4
Farouk Systems	42828	06/13/07	CESQ2192	33,720	P	4,215.0
GI Environmental Vacuum Service	43213	06/13/07		20,850	P	2,606.3
GI Environmental Vacuum Service	43212	06/13/07		29,190	P	3,648.8
Lubrizol-Deer Park	42900	06/13/07	Recycle	40,480	P	5,060.0
Lubrizol-Deer Park	43248	06/13/07	Recycle	40,580	P	5,072.5
Lubrizol-Deer Park	43249	06/13/07	Recycle	30,500	P	3,812.5
Trinity Railcar Repair, Inc. (Plant #4117)	43041	06/13/07	Recycle	42,150	P	5,268.8
Enviro Solutions - Baytown	43332	06/14/07		16,680	P	2,085.0
Forged Products	43194	06/14/07	Recycle-Oily Water	50,040	P	6,255.0
Golden Opportunity Recycling	43324	06/14/07		16,680	P	2,085.0
Hutchison Hayes International-Baytown	43334	06/14/07	Recycle-Oily Water	50,040	P	6,255.0
Lubrizol-Deer Park	42910	06/14/07	Recycle	39,580	P	4,947.5
Lubrizol-Deer Park	42909	06/14/07	Recycle	39,760	P	4,970.0
Precision Tube Tech.	43200	06/14/07	Recycle-Oily Water	37,530	P	4,691.3
Turneco Oil Services	43292	06/14/07	Fuel Oil	17,514	P	2,189.3
Turneco Oil Services	43234	06/14/07	Used oil	18,406	P	2,300.8
Atlantic Industrial Services	43547	06/15/07	Recycle-Oily Water	200	P	25.0
Enviro Solutions - Baytown	43401	06/15/07		16,680	P	2,085.0
Farouk Systems	42829	06/15/07	CESQ2192	45,870	P	5,733.8
Golden Opportunity Recycling	43404	06/15/07		16,680	P	2,085.0
Lubrizol-Deer Park	42913	06/15/07	Recycle	33,220	P	4,152.5
Lubrizol-Deer Park	42915	06/15/07	Recycle	29,720	P	3,715.0

Lubrizol-Deer Park	42911	06/15/07	Recycle	28,760	P	3,595.0
Select Environmental	43402	06/15/07	Oily water	48,372	P	6,046.5
T3 Energy Services - Cypress	43169	06/15/07	Recycle-Oily Water	26,688	P	3,336.0
Forged Products	43350	06/16/07	Recycle-Oily Water	12,645	P	1,580.6
Lubrizol-Deer Park	42919	06/16/07	Recycle	32,040	P	4,005.0
Lubrizol-Deer Park	42920	06/16/07	Recycle	31,480	P	3,935.0
Ameriforge Corporation	43370	06/18/07	Recycle-Oily Water	26,360	P	3,295.0
Enviro Solutions - Baytown	43543	06/18/07		7,506	P	938.3
Farouk Systems	43205	06/18/07	CESQ2192	46,365	P	5,795.6
Select Environmental	43546	06/18/07	Oily water	48,372	P	6,046.5
Proler Southwest	43477	06/19/07	Recycle-Oily Water	41,700	P	5,212.5
Proler Southwest	43476	06/19/07	Recycle-Oily Water	50,040	P	6,255.0
Turneco Oil Services	43540	06/19/07	Used oil	18,523	P	2,315.4
Ameriforge Corporation	43299	06/20/07	Recycle-Oily Water	32,300	P	4,037.5
Farouk Systems	43206	06/20/07	CESQ2192	39,198	P	4,899.8
Lubrizol-Deer Park	43067	06/20/07	Recycle	35,220	P	4,402.5
Lubrizol-Deer Park	43068	06/20/07	Recycle	36,266	P	4,533.3
Turneco Oil Services	43779	06/20/07	Used oil	18,290	P	2,286.2
Lubrizol-Deer Park	43070	06/21/07	Recycle	31,500	P	3,937.5
Lubrizol-Deer Park	43761	06/21/07	Recycle	33,840	P	4,230.0
Schlumberger Technology - IPC North	43624	06/21/07	Recycle	12,510	P	1,563.8
Turneco Oil Services	43781	06/21/07	Used oil	17,114	P	2,139.2
Farouk Systems	43207	06/22/07	CESQ2192	37,530	P	4,691.3
Forged Products	43629	06/22/07	Recycle-Oily Water	41,700	P	5,212.5
GI Environmental Vacuum Service	43855	06/22/07		29,190	P	3,648.8
Lubrizol-Deer Park	43871	06/22/07	Recycle	40,860	P	5,107.5
Lubrizol-Deer Park	43074	06/22/07	Recycle	33,580	P	4,197.5
Turneco Oil Services	43802	06/22/07	Fuel Oil	17,514	P	2,189.3
GI Environmental Vacuum Service	44105	06/23/07		12,340	P	1,542.5
Ameriforge Corporation	43796	06/25/07	Recycle-Oily Water	41,700	P	5,212.5
Farouk Systems	43704	06/25/07	CESQ2192	26,688	P	3,336.0
Turneco Oil Services	44210	06/25/07	Fuel Oil	16,680	P	2,085.0
GI Environmental Vacuum Service	43940	06/26/07		26,438	P	3,304.8
Golden Opportunity Recycling	44077	06/26/07		16,680	P	2,085.0
Lubrizol-Deer Park	43691	06/26/07	Recycle	33,240	P	4,155.0
Lubrizol-Deer Park	43690	06/26/07	Recycle	39,680	P	4,960.0
Proler Southwest	43685	06/26/07	Recycle-Oily Water	41,700	P	5,212.5
Proler Southwest	43686	06/26/07	Recycle-Oily Water	5,000	G	625.0
Turneco Oil Services	44226	06/26/07	Used oil	18,206	P	2,275.8
Farouk Systems	43705	06/27/07	CESQ2192	29,190	P	3,648.8
Forged Products	43975	06/27/07	Recycle-Oily Water	45,870	P	5,733.8
GI Environmental Vacuum Service	44067	06/27/07		29,190	P	3,648.8
Holcomb Environmental	44075	06/27/07	Recyclable	16,680	P	2,085.0
Lubrizol-Deer Park	43693	06/27/07	Recycle	44,580	P	5,572.5
Lubrizol-Deer Park	43692	06/27/07	Recycle	44,060	P	5,507.5
Proler Southwest	43884	06/27/07	Recycle-Oily Water	50,040	P	6,255.0
Proler Southwest	43885	06/27/07	Recycle-Oily Water	41,700	P	5,212.5
Proler Southwest	43886	06/27/07	Recycle-Oily Water	50,040	P	6,255.0
Turneco Oil Services	44229	06/27/07	Used oil	17,873	P	2,234.1
GI Environmental Vacuum Service	44231	06/28/07		24,186	P	3,023.3
GI Environmental Vacuum Service	44151	06/28/07		24,186	P	3,023.3
Holcomb Environmental	44230	06/28/07	Recyclable	16,680	P	2,085.0
Lubrizol-Deer Park	43694	06/28/07	Recycle	35,780	P	4,472.5
Lubrizol-Deer Park	43695	06/28/07	Recycle	36,540	P	4,567.5
Ovalen Development LLC	43953	06/28/07	Recycle	41,700	P	5,212.5
Turneco Oil Services	44184	06/28/07	Fuel Oil	10,008	P	1,251.0
Turneco Oil Services	44202	06/28/07	Fuel Oil	17,514	P	2,189.3
Dresser Flow	43928	06/29/07	Recycle-Coolant	41,700	P	5,212.5
Farouk Systems	43706	06/29/07	CESQ2192	29,190	P	3,648.8
MIC	43992	06/29/07	recycle-coolant/oil	29,190	P	3,648.8
Turneco Oil Services	44376	06/29/07	Oily water	16,680	P	2,085.0

Lubrizol-Deer Park	43698	06/30/07	Recycle	35,500	P	4,437.5
Lubrizol-Deer Park	43699	06/30/07	Recycle	27,580	P	3,447.5
T3 Energy Services - Cypress	44235	06/30/07	Recycle-Oily Water	25,020	P	3,127.5
				548,761.9		
Enviro Solutions - Baytown	44489	07/02/07		50,040	P	6,255.0
Enviro Solutions - Baytown	44482	07/02/07		25,020	P	3,127.5
Enviro Solutions - Baytown	44477	07/02/07		54,210	P	6,776.3
Ethyl Corporation	44476	07/02/07	Recycle-Oily Water	46,260	P	5,782.5
Farouk Systems	44132	07/02/07	CESQ2192	20,850	P	2,606.3
Holcomb Environmental	44485	07/02/07	Recyclable	12,510	P	1,563.8
Select Environmental	44486	07/02/07	Oily water	48,372	P	6,046.5
Ameriforge Corporation	44309	07/03/07	Recycle-Oily Water	39,198	P	4,899.8
Enviro Solutions - Baytown	44588	07/03/07		50,040	P	6,255.0
Enviro Solutions - Baytown	44587	07/03/07		50,874	P	6,359.3
Enviro Solutions - Baytown	44589	07/03/07		50,040	P	6,255.0
GI Environmental Vacuum Service	44603	07/03/07		11,020	P	1,377.5
GI Environmental Vacuum Service	44605	07/03/07		22,034	P	2,754.3
Proler Southwest	44335	07/03/07	Recycle-Oily Water	43,368	P	5,421.0
Proler Southwest	44334	07/03/07	Recycle-Oily Water	43,368	P	5,421.0
Turneco Oil Services	44495	07/03/07	Fuel Oil	18,348	P	2,293.5
GI Environmental Vacuum Service	44813	07/04/07		29,190	P	3,648.8
Atlantic Industrial Services	44955	07/05/07	Recycle-Oily Water	400	P	50.0
Enviro Solutions - Baytown	44822	07/05/07		22,518	P	2,814.8
Enviro Solutions - Baytown	44673	07/05/07		50,040	P	6,255.0
Enviro Solutions - Baytown	44672	07/05/07		50,874	P	6,359.3
Enviro Solutions - Baytown	44674	07/05/07		50,874	P	6,359.3
Enviro Solutions - Baytown	44676	07/05/07		12,510	P	1,563.8
Forged Vessel Connections, Inc.	44357	07/05/07	Recycle-Oily Water	29,190	P	3,648.8
Ovalen Development LLC	44340	07/05/07	Recycle	41,700	P	5,212.5
Turneco Oil Services	44599	07/05/07	Oily water	12,510	P	1,563.8
Turneco Oil Services	44685	07/05/07	Used oil	18,406	P	2,300.8
Vetco Gray	44436	07/05/07	Recycle-Oily Water	41,700	P	5,212.5
Ameriforge Corporation	44609	07/06/07	Recycle-Oily Water	46,715	P	5,839.4
Farouk Systems	44133	07/06/07	CESQ2192	41,700	P	5,212.5
GI Environmental Vacuum Service	44823	07/06/07		29,190	P	3,648.8
GI Environmental Vacuum Service	44821	07/06/07		12,510	P	1,563.8
Proler Southwest	44336	07/06/07	Recycle-Oily Water	41,700	P	5,212.5
Proler Southwest	44659	07/06/07	Recycle-Oily Water	41,700	P	5,212.5
Proler Southwest	44338	07/06/07	Recycle-Oily Water	41,700	P	5,212.5
Schlumberger Technology - IPC North	44719	07/06/07	Recycle	7,923	P	990.4
Select Environmental	44814	07/06/07	Oily water	35,028	P	4,378.5
Select Environmental	44815	07/06/07	Oily water	45,870	P	5,733.8
Turneco Oil Services	44652	07/06/07	Fuel Oil	16,680	P	2,085.0
Ameriforge Corporation	44611	07/07/07	Recycle-Oily Water	35,580	P	4,447.5
Atlantic Industrial Services	44804	07/07/07	Recycle-Oily Water	50,274	P	6,284.3
Ethyl Corporation	44806	07/07/07	Recycle-Oily Water	47,740	P	5,967.5
Martin Transport	44417	07/07/07	Recycle-Oily Water	33,360	P	4,170.0
Ameriforge Corporation	44612	07/09/07	Recycle-Oily Water	23,052	P	2,881.5
Atlantic Industrial Services	44903	07/09/07	Recycle-Oily Water	834	P	104.3
Energy Transfer/Houston Pipeline	44278	07/09/07	Oily water	50,040	P	6,255.0
Energy Transfer/Houston Pipeline	44283	07/09/07	Oily water	50,040	P	6,255.0
Energy Transfer/Houston Pipeline	44273	07/09/07	Oily water	41,700	P	5,212.5
Energy Transfer/Houston Pipeline	44274	07/09/07	Oily water	41,700	P	5,212.5
Energy Transfer/Houston Pipeline	44276	07/09/07	Oily water	41,700	P	5,212.5
Farouk Systems	44560	07/09/07	CESQ2192	37,530	P	4,691.3
Forged Products	44747	07/09/07	Recycle-Oily Water	45,870	P	5,733.8
GI Environmental Vacuum Service	44894	07/09/07		29,190	P	3,648.8
Gulf Coast Oil Recovery	44885	07/09/07	Recycle-Oily Water	50,040	P	6,255.0
Hydril HHP	44266	07/09/07	Recycle-Used Oil	2,000	P	250.0
KMTEx	44540	07/09/07	Recycle-Oily Water	43,860	P	5,482.5

KMTEx	44541	07/09/07	Recycle-Oily Water	49,180	P	6,147.5
Select Environmental	44886	07/09/07	Oily water	48,372	P	6,046.5
Turneco Oil Services	45041	07/09/07	Fuel Oil	18,348	P	2,293.5
Energy Transfer/Houston Pipeline	44840	07/10/07	Oily water	41,700	P	5,212.5
Energy Transfer/Houston Pipeline	44841	07/10/07	Oily water	41,700	P	5,212.5
GI Environmental Vacuum Service	44954	07/10/07		20,850	P	2,606.3
PGI International	44811	07/10/07	Recycle-Oily Water	15,012	P	1,876.5
Turneco Oil Services	44875	07/10/07	Fuel Oil	18,348	P	2,293.5
Atlantic Industrial Services (Shreveport)	44760	07/11/07	Recycle-Oily Water	51,708	P	6,463.5
Enviro Solutions - Baytown	45445	07/11/07		10,049	P	1,256.1
Ethyl Corporation	45099	07/11/07	Recycle-Oily Water	47,000	P	5,875.0
Farouk Systems	44561	07/11/07	CESQ2192	25,020	P	3,127.5
KMTEx	44919	07/11/07	Recycle-Oily Water	39,980	P	4,997.5
Proler Southwest	44781	07/11/07	Recycle-Oily Water	41,700	P	5,212.5
Proler Southwest	44780	07/11/07	Recycle-Oily Water	41,700	P	5,212.5
Schlumberger Technology - IPC North	44842	07/11/07	Recycle	20,016	P	2,502.0
Turneco Oil Services	45040	07/11/07	Fuel Oil	17,931	P	2,241.4
Turneco Oil Services	44946	07/11/07	Oily water	16,680	P	2,085.0
Ethyl Corporation	45098	07/12/07	Recycle-Oily Water	47,400	P	5,925.0
GI Environmental Vacuum Service	45154	07/12/07		21,476	P	2,684.5
GI Environmental Vacuum Service	45155	07/12/07		22,034	P	2,754.3
Select Environmental	45097	07/12/07	Oily water	45,870	P	5,733.8
Enviro Solutions - Baytown	45218	07/13/07		25,020	P	3,127.5
Farouk Systems	44562	07/13/07	CESQ2192	33,360	P	4,170.0
Lubrizol-Deer Park	45046	07/13/07	Recycle	33,820	P	4,227.5
Lubrizol-Deer Park	45047	07/13/07	Recycle	29,940	P	3,742.5
Lubrizol-Deer Park	45049	07/14/07	Recycle	40,160	P	5,020.0
Lubrizol-Deer Park	45048	07/14/07	Recycle	35,540	P	4,442.5
Turneco Oil Services	45177	07/14/07	Fuel Oil	19,749	P	2,468.6
Atlantic Industrial Services (Shreveport)	45114	07/16/07	Recycle-Oily Water	45,870	P	5,733.8
Atlantic Industrial Services (Shreveport)	45115	07/16/07	Recycle-Oily Water	51,708	P	6,463.5
Enviro Solutions - Baytown	45303	07/16/07		8,340	P	1,042.5
Farouk Systems	45010	07/16/07	CESQ2192	25,020	P	3,127.5
Atlantic Industrial Services	45694	07/17/07	Recycle-Oily Water	600	P	75.0
Atlantic Industrial Services	45755	07/17/07	Recycle-Oily Water	600	P	75.0
KMTEx	45234	07/17/07	Recycle-Oily Water	39,260	P	4,907.5
KMTEx	45232	07/17/07	Recycle-Oily Water	46,280	P	5,785.0
Select Environmental	45392	07/17/07	Oily water	48,372	P	6,046.5
Ameriforge Corporation	45164	07/18/07	Recycle-Oily Water	49,080	P	6,135.0
Atlantic Industrial Services (Shreveport)	45272	07/18/07	Recycle-Oily Water	51,708	P	6,463.5
Farouk Systems	45011	07/18/07	CESQ2192	41,700	P	5,212.5
Gulf Coast Oil Recovery	45439	07/18/07	Recycle-Oily Water	50,040	P	6,255.0
KMTEx	45235	07/18/07	Recycle-Oily Water	37,220	P	4,652.5
Proler Southwest	45214	07/18/07	Recycle-Oily Water	41,700	P	5,212.5
Proler Southwest	45213	07/18/07	Recycle-Oily Water	41,700	P	5,212.5
Atlantic Industrial Services (Shreveport)	45271	07/19/07	Recycle-Oily Water	51,708	P	6,463.5
Enviro Solutions - Baytown	45518	07/19/07		12,510	P	1,563.8
GI Environmental Vacuum Service	45515	07/19/07		29,190	P	3,648.8
Gulf Coast Oil Recovery	45524	07/19/07	Recycle-Oily Water	50,040	P	6,255.0
Houston Grinding and Mfg.	45425	07/19/07	Recycle-Oily Water	9,174	P	1,146.8
KMTEx	45375	07/19/07	Recycle-Oily Water	32,920	P	4,115.0
Turneco Oil Services	45503	07/19/07	Used oil	18,406	P	2,300.8
Commercial Metals	45416	07/20/07	Recycle-Oily Water	50,040	P	6,255.0
Farouk Systems	45012	07/20/07	CESQ2192	41,700	P	5,212.5
NOV Drilling Equipment (West Little York)	45418	07/20/07	Recycle-Oily Water	25,020	P	3,127.5
Proler Southwest	45215	07/20/07	Recycle-Oily Water	41,700	P	5,212.5
Proler Southwest	45216	07/20/07	Recycle-Oily Water	43,368	P	5,421.0
T3 Energy Services - Cypress	45335	07/20/07	Recycle-Oily Water	25,020	P	3,127.5
GI Environmental Vacuum Service	45717	07/22/07		29,190	P	3,648.8
GI Environmental Vacuum Service	45714	07/22/07		33,360	P	4,170.0
GI Environmental Vacuum Service	45715	07/22/07		26,250	P	3,281.3

GI Environmental Vacuum Service	45718	07/22/07		1,251	P	156.4
Ameriforge Corporation	45473	07/23/07	Recycle-Oily Water	41,700	P	5,212.5
Enviro Solutions - Baytown	45709	07/23/07		29,190	P	3,648.8
Farouk Systems	45478	07/23/07	CESQ2192	31,692	P	3,961.5
GI Environmental Vacuum Service	45716	07/23/07		21,870	P	2,733.8
GI Environmental Vacuum Service	45696	07/23/07		33,360	P	4,170.0
Golden Opportunity Recycling	45695	07/23/07		16,680	P	2,085.0
Hutchison Hayes International-Baytown	45544	07/23/07	Recycle-Oily Water	41,700	P	5,212.5
Lubrizol-Deer Park	45405	07/23/07	Recycle	36,140	P	4,517.5
Lubrizol-Deer Park	45397	07/23/07	Recycle	36,700	P	4,587.5
Vetco Gray	45509	07/23/07	Recycle-Oily Water	41,700	P	5,212.5
Golden Opportunity Recycling	45752	07/24/07		16,680	P	2,085.0
Lubrizol-Deer Park	45407	07/24/07	Recycle	37,140	P	4,642.5
Farouk Systems	45479	07/25/07	CESQ2192	33,360	P	4,170.0
GI Environmental Vacuum Service	45867	07/25/07		26,688	P	3,336.0
Greens Bayou Pipe Mill, LP	45685	07/25/07	Recycle-Oily Water	5,463	P	682.9
Hutchison Hayes International-Baytown	45545	07/25/07	Recycle-Oily Water	50,040	P	6,255.0
Lubrizol-Deer Park	45406	07/25/07	Recycle	42,100	P	5,262.5
Proler Southwest	45533	07/25/07	Recycle-Oily Water	43,368	P	5,421.0
Proler Southwest	45534	07/25/07	Recycle-Oily Water	41,700	P	5,212.5
Atlantic Industrial Services (Shreveport)	45710	07/26/07	Recycle-Oily Water	39,448	P	4,931.0
Enviro Solutions - Baytown	45955	07/26/07		20,850	P	2,606.3
GI Environmental Vacuum Service	45958	07/26/07		4,170	P	521.3
GI Environmental Vacuum Service	45959	07/26/07		16,680	P	2,085.0
GI Environmental Vacuum Service	45960	07/26/07		2,919	P	364.9
Hutchison Hayes International-Baytown	45876	07/26/07	Recycle-Oily Water	37,530	P	4,691.3
OEM	45746	07/26/07	Recycle- Oil	3,000	P	375.0
Proler Southwest	45771	07/26/07	Recycle-Oily Water	45,870	P	5,733.8
Proler Southwest	45770	07/26/07	Recycle-Oily Water	45,870	P	5,733.8
Atlantic Industrial Services (Shreveport)	45711	07/27/07	Recycle-Oily Water	51,708	P	6,463.5
Farouk Systems	45480	07/27/07	CESQ2192	41,700	P	5,212.5
Lubrizol-Deer Park	45807	07/27/07	Recycle	34,020	P	4,252.5
Lubrizol-Deer Park	45806	07/27/07	Recycle	31,060	P	3,882.5
Select Environmental	46121	07/27/07	Oily water	45,870	P	5,733.8
Ameriforge Corporation	45751	07/28/07	Recycle-Oily Water	40,032	P	5,004.0
Goodman Manufacturing (Cooling Plant)	45291	07/28/07	00202051	41,700	P	5,212.5
Goodman Manufacturing (Cooling Plant)	45995	07/28/07	00202051	41,700	P	5,212.5
KMCO, Inc.	45942	07/28/07	Recycle-Oily Water	36,920	P	4,615.0
Lubrizol-Deer Park	45808	07/28/07	Recycle	45,680	P	5,710.0
Lubrizol-Deer Park	45809	07/28/07	Recycle	36,800	P	4,600.0
BPX Films	45918	07/30/07	Recycle-Used Oil	4,587	P	573.4
BPX Films	45917	07/30/07	Recycle-Used Oil	8,340	P	1,042.5
Enviro Solutions - Baytown	46110	07/30/07		21,684	P	2,710.5
Farouk Systems	45848	07/30/07	CESQ2192	29,190	P	3,648.8
GI Environmental Vacuum Service	46104	07/30/07		29,190	P	3,648.8
Lubrizol-Deer Park	45810	07/30/07	Recycle	36,080	P	4,510.0
Phillips Waste Oil	46108	07/30/07		11,676	P	1,459.5
Phillips Waste Oil	46106	07/30/07		16,680	P	2,085.0
Phillips Waste Oil	46107	07/30/07		8,340	P	1,042.5
Proler Southwest	45902	07/30/07	Recycle-Oily Water	43,368	P	5,421.0
Proler Southwest	45903	07/30/07	Recycle-Oily Water	41,700	P	5,212.5
Proler Southwest	45904	07/30/07	Recycle-Oily Water	41,700	P	5,212.5
Atlantic Industrial Services	46229	07/31/07	Recycle-Oily Water	1,000	P	125.0
Enviro Solutions - Baytown	46193	07/31/07		23,352	P	2,919.0
Turneco Oil Services	46170	07/31/07	Oily water	8,340	P	1,042.5
						695,803.0
Farouk Systems	45849	08/01/07	CESQ2192	43,368	P	5,421.0
Holcomb Environmental	46462	08/01/07	Recyclable	16,680	P	2,085.0
Hutchinson-Hayes International, Inc.(East Be	46147	08/01/07	CESQ1132	1,200	P	150.0
Martin Transport	46192	08/01/07	Recycle-Oily Water	26,688	P	3,336.0

Martin Transport	46173	08/01/07	Recycle-Oily Water	26,688	P	3,336.0
T3 Energy Services - Cypress	46144	08/01/07	Recycle-Oily Water	25,020	P	3,127.5
Vetco Gray	46145	08/01/07	Recycle-Oily Water	5,200	P	650.0
Atlantic Industrial Services (Shreveport)	46072	08/02/07	Recycle-Oily Water	51,708	P	6,463.5
Proler Southwest	46116	08/02/07	Recycle-Oily Water	45,870	P	5,733.8
Proler Southwest	46115	08/02/07	Recycle-Oily Water	45,870	P	5,733.8
Proler Southwest	46117	08/02/07	Recycle-Oily Water	45,870	P	5,733.8
Select Environmental	46412	08/02/07	Oily water	48,372	P	6,046.5
Atlantic Industrial Services (Shreveport)	46073	08/03/07	Recycle-Oily Water	51,708	P	6,463.5
Farouk Systems	45850	08/03/07	CESQ2192	43,368	P	5,421.0
GI Environmental Vacuum Service	50066	08/04/07		25,020	P	3,127.5
GI Environmental Vacuum Service	50067	08/05/07		8,340	P	1,042.5
Farouk Systems	46275	08/06/07	CESQ2192	25,020	P	3,127.5
GI Environmental Vacuum Service	50068	08/06/07		29,190	P	3,648.8
MIC	46271	08/06/07	Recycle-Oily Water	25,020	P	3,127.5
Phillips Waste Oil	46604	08/06/07		20,850	P	2,606.3
Dresser Flow	46503	08/07/07	Recycle-Coolant	41,700	P	5,212.5
Momentum Biofuels	46669	08/07/07	Recycle-Oily Water	54,210	G	6,776.3
Enviro Solutions - Baytown	46685	08/08/07		5,838	P	729.8
Enviro Solutions - Baytown	46686	08/08/07		5,000	P	625.0
Enviro Solutions - Baytown	46683	08/08/07		8,340	P	1,042.5
Farouk Systems	46276	08/08/07	CESQ2192	25,020	P	3,127.5
Martin Transport	46613	08/08/07	Recycle-Oily Water	8,340	P	1,042.5
Enviro Solutions - Baytown	46796	08/09/07		41,700	P	5,212.5
Enviro Solutions - Baytown	46804	08/09/07		20,850	P	2,606.3
KMTEx	46556	08/09/07	Recycle-Oily Water	45,220	P	5,652.5
KMTEx	46555	08/09/07	Recycle-Oily Water	46,300	P	5,787.5
Ovalen Development LLC	46580	08/09/07	Recycle	41,700	P	5,212.5
Ameriforge Corporation	46573	08/10/07	Recycle-Oily Water	41,700	P	5,212.5
Enviro Solutions - Baytown	46805	08/10/07		26,688	P	3,336.0
Enviro Solutions - Baytown	46898	08/10/07		21,718	P	2,714.8
Farouk Systems	46277	08/10/07	CESQ2192	41,700	P	5,212.5
Ovalen Development LLC	46581	08/10/07	Recycle	41,700	P	5,212.5
Atlantic Industrial Services (Shreveport)	46810	08/13/07	Recycle-Oily Water	51,708	P	6,463.5
Forged Vessel Connections, Inc.	46809	08/13/07	Recycle-Oily Water	3,000	P	375.0
Enviro Solutions - Baytown	47006	08/14/07		2,500	P	312.5
Holcomb Environmental	47007	08/14/07	Recyclable	16,680	P	2,085.0
Holcomb Environmental	46605	08/14/07	Recyclable	16,680	P	2,085.0
Koch Heat Transfer Company, LP	46914	08/14/07	Recycle-Oily Water	11,676	P	1,459.5
Momentum Biofuels	47014	08/14/07	Recycle-Oily Water	54,210	G	6,776.3
Select Environmental	47005	08/14/07	Oily water	43,368	P	5,421.0
Enviro Solutions - Baytown	47186	08/15/07		25,980	P	3,247.5
Farouk Systems	46930	08/15/07	CESQ2192	45,870	P	5,733.8
Ameriforge Corporation	47256	08/16/07	Recycle-Oily Water	20,850	P	2,606.3
Enviro Solutions - Baytown	47351	08/16/07		15,760	P	1,970.0
Martin Transport	47114	08/16/07	Recycle-Oily Water	4,170	P	521.3
PGI International	47075	08/16/07	Recycle-Oily Water	25,020	P	3,127.5
Proler Southwest	47076	08/16/07	Recycle-Oily Water	41,700	P	5,212.5
Select Environmental	47348	08/16/07	Oily water	50,040	P	6,255.0
Farouk Systems	46931	08/17/07	CESQ2192	29,190	P	3,648.8
Holcomb Environmental	47549	08/17/07	Recyclable	16,680	P	2,085.0
Momentum Biofuels	47734	08/17/07	Recycle-Oily Water	54,210	G	6,776.3
OEM	47044	08/17/07	Recyclable	800	P	100.0
T3 Energy Services - Cypress	47140	08/17/07	Recycle-Oily Water	25,020	P	3,127.5
KMCO, Inc.	47361	08/18/07	Recycle-Oily Water	41,580	P	5,197.5
NOV (Magnolia)	46939	08/18/07	Oily Water	16,680	P	2,085.0
Proler Southwest	47245	08/18/07	Recycle-Oily Water	50,040	P	6,255.0
Proler Southwest	47246	08/18/07	Recycle-Oily Water	42,534	P	5,316.8
Ameriforge Corporation	47352	08/20/07	Recycle-Oily Water	50,040	P	6,255.0
Enviro Solutions - Baytown	47559	08/20/07		45,870	P	5,733.8
Enviro Solutions - Baytown	47556	08/20/07		38,498	P	4,812.3

Farouk Systems	47127	08/20/07	CESQ2192	16,680	P	2,085.0
NOV Drilling Equipment (Lockwood)	47321	08/20/07	Recycle	29,190	P	3,648.8
Select Environmental	48636	08/20/07	Recycle	26,279	P	3,284.9
Atlantic Industrial Services	47741	08/21/07	Recycle-Oily Water	400	P	50.0
Ethyl Corporation	47744	08/21/07	recycle	50,340	P	6,292.5
Holcomb Environmental	47749	08/21/07	Recyclable	16,680	P	2,085.0
Holcomb Environmental	47747	08/21/07	Recyclable	16,680	P	2,085.0
KMCO, Inc.	47407	08/21/07	Recycle-Oily Water	33,120	P	4,140.0
KMTEx	47336	08/21/07	Recycle-Oily Water	39,120	P	4,890.0
Atlantic Industrial Services (Shreveport)	47470	08/22/07	Recycle-Oily Water	51,708	P	6,463.5
Enviro Solutions - Baytown	47746	08/22/07		4,000	P	500.0
Farouk Systems	47128	08/22/07	CESQ2192	41,700	P	5,212.5
KMTEx	47338	08/22/07	Recycle-Oily Water	49,780	P	6,222.5
Koch Heat Transfer Company, LP	47406	08/22/07	Recycle-Oily Water	12,510	P	1,563.8
NOV (Magnolia)	47185	08/22/07	Recycle	2,085	P	260.6
Proler Southwest	47506	08/22/07	Recycle-Oily Water	41,700	P	5,212.5
Proler Southwest	47504	08/22/07	Recycle-Oily Water	41,700	P	5,212.5
Proler Southwest	47505	08/22/07	Recycle-Oily Water	41,700	P	5,212.5
South Coast Terminals (East Ave S)	47579	08/22/07	Recycle	12,510	P	1,563.8
Ameriforge Corporation	47445	08/23/07	Recycle-Oily Water	38,781	P	4,847.6
KMTEx	47337	08/23/07	Recycle-Oily Water	47,480	P	5,935.0
KMTEx	47339	08/23/07	Recycle-Oily Water	40,700	P	5,087.5
Farouk Systems	47129	08/24/07	CESQ2192	29,190	P	3,648.8
GI Environmental Vacuum Service	47845	08/24/07		29,190	P	3,648.8
Golden Opportunity Recycling	48068	08/24/07		2,000	P	250.0
Golden Opportunity Recycling	47837	08/24/07		16,680	P	2,085.0
Martin Transport	47853	08/24/07	Recycle-Oily Water	25,020	P	3,127.5
Hutchinson-Hayes International, Inc.(East Be	47849	08/25/07	CESQ1132	12,510	P	1,563.8
Atlantic Industrial Services (Shreveport)	47826	08/27/07	Recycle-Oily Water	51,708	P	6,463.5
Enviro Solutions - Baytown	48455	08/27/07		7,060	P	882.5
Farouk Systems	47706	08/27/07	CESQ2192	20,850	P	2,606.3
GI Environmental Vacuum Service	47978	08/27/07		26,279	P	3,284.9
Momentum Biofuels	47923	08/27/07	Recycle-Oily Water	54,210	G	6,776.3
Momentum Biofuels	48126	08/27/07	Recycle-Oily Water	54,210	G	6,776.3
OEM	47651	08/27/07	Recyclable	1,000	P	125.0
Atlantic Industrial Services (Shreveport)	47823	08/28/07	Recycle-Oily Water	51,708	P	6,463.5
Enviro Solutions - Baytown	48454	08/28/07		6,672	P	834.0
GI Environmental Vacuum Service	48224	08/28/07		12,500	P	1,562.5
MIC	47748	08/28/07	Recycle-Oily Water	24,311	P	3,038.9
Proler Southwest	47810	08/28/07	Recycle-Oily Water	41,700	P	5,212.5
South Coast Terminals (East Ave S)	47865	08/28/07	N/A	34,480	P	4,310.0
Atlantic Industrial Services	48291	08/29/07	Recycle-Oily Water	200	P	25.0
Atlantic Industrial Services	48292	08/29/07	Recycle-Oily Water	380	P	47.5
Atlantic Industrial Services (Shreveport)	47824	08/29/07	Recycle-Oily Water	51,708	P	6,463.5
Farouk Systems	47707	08/29/07	CESQ2192	25,020	P	3,127.5
Proler Southwest	47812	08/29/07	Recycle-Oily Water	50,040	P	6,255.0
Enviro Solutions - Baytown	48674	08/30/07		7,500	P	937.5
Gulf Stream Marine (Greensport)	48014	08/30/07	N/A	4,170	P	521.3
South Coast Terminals (East Ave S)	48563	08/30/07	N/A	5,137	P	642.2
T3 Energy Services - Cypress	48190	08/30/07	Recycle-Oily Water	6,672	P	834.0
Farouk Systems	47708	08/31/07	CESQ2192	41,700	P	5,212.5
Sunbelt Machine Works Corporation	48088	08/31/07	Recycle-Oily Water	12,510	P	1,563.8

416,285.8

GI Environmental Vacuum Service	48456	09/01/07		35,028	P	4,378.5
Proler Southwest	48169	09/01/07	Recycle-Oily Water	50,040	P	6,255.0
GI Environmental Vacuum Service	48457	09/02/07		10,008	P	1,251.0
Ameriforge Corporation	48372	09/04/07	Recycle-Oily Water	29,860	P	3,732.5
Proler Southwest	48307	09/04/07	Recycle-Oily Water	45,870	P	5,733.8
Proler Southwest	48308	09/04/07	Recycle-Oily Water	45,870	P	5,733.8
Ameriforge Corporation	48631	09/05/07	Recycle-Oily Water	39,680	P	4,960.0

Commercial Metals	48576	09/05/07	Recycle-Oily Water	25,020	P	3,127.5
Commercial Metals	48577	09/05/07	Recycle-Oily Water	25,020	P	3,127.5
Farouk Systems	48280	09/05/07	CESQ2192	41,700	P	5,212.5
Greens Bayou Pipe Mill, LP	48394	09/05/07	Recycle-Oily Water	7,506	P	938.3
OEM	48403	09/05/07	Recyclable	4,128	P	516.0
OEM	48403	09/05/07	Recycle Pure oil	2,063	P	257.9
OEM	48403	09/05/07	recycle pure oil	2,063	P	257.9
Select Environmental	48635	09/05/07	Recycle	12,510	P	1,563.8
Select Environmental	48616	09/05/07	Recycle	25,020	P	3,127.5
Select Environmental	48615	09/05/07	Recycle	50,040	P	6,255.0
Ameriforge Corporation	48520	09/06/07	Recycle-Oily Water	50,440	P	6,305.0
Ameriforge Corporation	48519	09/06/07	Recycle-Oily Water	41,700	P	5,212.5
Atlantic Industrial Services (Shreveport)	48474	09/06/07	Recycle-Oily Water	51,708	P	6,463.5
Flex Oil Service	34947	09/06/07	Recycle	45,870	P	5,733.8
GI Environmental Vacuum Service	48458	09/06/07		19,182	P	2,397.8
South Coast Terminals (East Ave S)	48648	09/06/07	N/A	38,320	P	4,790.0
Atlantic Industrial Services (Shreveport)	48475	09/07/07	Recycle-Oily Water	51,708	P	6,463.5
Golden Opportunity Recycling	48830	09/07/07		12,510	P	1,563.8
Proler Southwest	48585	09/07/07	Recycle-Oily Water	41,700	P	5,212.5
Proler Southwest	48584	09/07/07	Recycle-Oily Water	41,700	P	5,212.5
Select Environmental	49151	09/07/07	Recycle	45,036	P	5,629.5
Ovalen Development LLC	48913	09/08/07	Recycle	20,850	P	2,606.3
Farouk Systems	48686	09/10/07	CESQ2192	25,020	P	3,127.5
GI Environmental Vacuum Service	49156	09/10/07		2,200	P	275.0
GI Environmental Vacuum Service	50069	09/10/07		13,840	P	1,730.0
Select Environmental	49020	09/10/07	Recycle	46,704	P	5,838.0
South Coast Terminals (East Ave S)	48870	09/10/07	N/A	42,834	P	5,354.3
Ameriforge Corporation	48920	09/11/07	Recycle-Oily Water	49,560	P	6,195.0
PGI International	48968	09/11/07	Recycle-Oily Water	20,016	P	2,502.0
Farouk Systems	48687	09/12/07	CESQ2192	41,700	P	5,212.5
Gulf Stream Marine (Greensport)	48908	09/12/07	N/A	4,170	P	521.3
Select Environmental	49244	09/12/07	Recycle	48,372	P	6,046.5
Golden Opportunity Recycling	49240	09/13/07		16,680	P	2,085.0
High Island Petrochemicals	49410	09/13/07		50,040	P	6,255.0
High Island Petrochemicals	49409	09/13/07		46,370	P	5,796.3
Holcomb Environmental	49754	09/13/07	Recyclable	16,680	P	2,085.0
Canrig	49076	09/14/07	Recycle	41,700	P	5,212.5
Canrig	49077	09/14/07	Recycle	25,020	P	3,127.5
Farouk Systems	48688	09/14/07	CESQ2192	29,190	P	3,648.8
Martin Transport	49165	09/14/07	Recycle-Oily Water	39,198	P	4,899.8
Proler Southwest	48963	09/14/07	Recycle-Oily Water	45,870	P	5,733.8
Proler Southwest	48962	09/14/07	Recycle-Oily Water	41,700	P	5,212.5
Canrig	49080	09/15/07	Recycle	459	P	57.4
T3 Energy Services - Cypress	49312	09/15/07	Recycle-Oily Water	20,850	P	2,606.3
Farouk Systems	49267	09/17/07	CESQ2192	29,190	P	3,648.8
KMTX	49526	09/17/07	Recycle-Oily Water	37,520	P	4,690.0
South Coast Terminals (East Ave S)	49437	09/17/07	Recycle	28,980	P	3,622.5
Vetco Gray	49241	09/17/07	Recycle-Oily Water	41,700	P	5,212.5
Ameriforge Corporation	49441	09/18/07	Recycle-Oily Water	34,900	P	4,362.5
OEM	49372	09/18/07	Recyclable	2,500	P	312.5
OEM	49371	09/18/07	recycle pure oil	4,875	P	609.4
OEM	49371	09/18/07	Recycle Pure oil	375	P	46.9
Ovalen Development LLC	49336	09/18/07	Recycle	45,870	P	5,733.8
Select Environmental	49546	09/18/07	Recycle	48,372	P	6,046.5
Trinity Railcar Repair, Inc. (Plant #4117)	49363	09/18/07	Recycle	41,700	P	5,212.5
Ameriforge Corporation	49541	09/19/07	Recycle-Oily Water	20,900	P	2,612.5
Atlantic Industrial Services (Shreveport)	49411	09/19/07	Recycle-Oily Water	51,708	P	6,463.5
Farouk Systems	49268	09/19/07	CESQ2192	29,190	P	3,648.8
KMCO, Inc.	49558	09/19/07	Recycle-Oily Water	49,998	P	6,249.8
Schlumberger Technology - IPC North	49488	09/19/07	Recycle	7,923	P	990.4
Atlantic Industrial Services (Shreveport)	49412	09/20/07	Recycle-Oily Water	51,708	P	6,463.5

Holcomb Environmental	49753	09/20/07	Recyclable	16,680	P	2,085.0
OEM	49576	09/20/07	recyclable	3,600	P	450.0
OEM	49577	09/20/07	Recycle Pure oil	2,919	P	364.9
Select Environmental	49668	09/20/07	Recycle	48,372	P	6,046.5
Dresser Flow	49628	09/21/07	Recycle-Coolant	33,360	P	4,170.0
Ethyl Corporation	49916	09/21/07	recycle	52,120	P	6,515.0
Farouk Systems	49269	09/21/07	CESQ2192	29,190	P	3,648.8
Forged Vessel Connections, Inc.	49632	09/21/07	Recycle-Oily Water	25,020	P	3,127.5
Goodman Manufacturing (Cooling Plant)	49644	09/21/07	Recycle-Oily Water	45,870	P	5,733.8
Select Environmental	49846	09/21/07	Recycle	48,372	P	6,046.5
Vetco Gray	49627	09/21/07	Recycle-Oily Water	33,360	P	4,170.0
Hutchinson-Hayes International, Inc.(East Be	49793	09/22/07	CESQ1132	20,850	P	2,606.3
Hydrii HHP	49697	09/22/07	Recycle-Oily Water	10,008	P	1,251.0
Atlantic Industrial Services (Shreveport)	49629	09/24/07	Recycle-Oily Water	51,708	P	6,463.5
BPX Films	49773	09/24/07	Recycle-Used Oil	12,510	P	1,563.8
Farouk Systems	49616	09/24/07	CESQ2192	20,850	P	2,606.3
KMTEx	49835	09/25/07	Recycle-Oily Water	40,260	P	5,032.5
KMTEx	49836	09/25/07	Recycle-Oily Water	43,260	P	5,407.5
Ameriforge Corporation	49889	09/26/07	Recycle-Oily Water	37,530	P	4,691.3
Farouk Systems	49617	09/26/07	CESQ2192	41,700	P	5,212.5
Goodman Manufacturing (Cooling Plant)	49743	09/26/07	Recycle-Oily Water	2,085	P	260.6
Goodman Manufacturing (Cooling Plant)	49743	09/26/07	Recycle-Oily Water	2,752	P	344.0
Holcomb Environmental	50255	09/26/07	Recyclable	16,680	P	2,085.0
OEM	49938	09/26/07	Recycle-Oily Water	15,012	P	1,876.5
OEM	49938	09/26/07	Recycle-Oily Water	4,170	P	521.3
OEM	49940	09/26/07	Recycle-Used Oil	16,500	P	2,062.5
OEM	49940	09/26/07	Recycle-Used Oil	3,750	P	468.8
Enviro Solutions - Baytown	50496	09/27/07		7,500	P	937.5
OEM	49936	09/27/07	Recycle-Oily Water	8,340	P	1,042.5
Ovalen Development LLC	49969	09/27/07	Recycle	47,538	P	5,942.3
Select Environmental	50175	09/27/07	Recycle	48,372	P	6,046.5
Atlantic Industrial Services (Shreveport)	50117	09/28/07	Recycle-Oily Water	50,040	P	6,255.0
Houston Marine Services, Inc	50518	09/28/07	Recycle	34,194	P	4,274.3
Proler Southwest	50056	09/28/07	Recycle-Oily Water	45,870	P	5,733.8
Select Environmental	50282	09/28/07	Recycle	48,372	P	6,046.5
Houston Marine Services, Inc	50520	09/29/07	Recycle	37,530	P	4,691.3
Houston Marine Services, Inc	50519	09/29/07	Recycle	37,563	P	4,695.4
KMCO, Inc.	50168	09/29/07	Recycle-Oily Water	23,160	P	2,895.0
KMCO, Inc.	50262	09/30/07	Recycle-Oily Water	28,460	P	3,557.5
						400,394.9
Atlantic Industrial Services (Shreveport)	50118	10/01/07	Recycle-Oily Water	50,040	P	6,255.0
Farouk Systems	50035	10/01/07	CESQ2192	52,542	P	6,567.8
Select Environmental	50340	10/01/07	Recycle	50,040	P	6,255.0
Select Environmental	50341	10/01/07	Recycle	48,372	P	6,046.5
Ameriforge Corporation	50281	10/02/07	Recycle-Oily Water	45,870	P	5,733.8
Holcomb Environmental	50417	10/02/07	Recyclable	16,680	P	2,085.0
Select Environmental	50414	10/02/07	Recycle	33,360	P	4,170.0
Atlantic Industrial Services (Shreveport)	50119	10/03/07	Recycle-Oily Water	41,283	P	5,160.4
Farouk Systems	50036	10/03/07	CESQ2192	41,700	P	5,212.5
MIC	50317	10/03/07	Recycle-Oily Water	20,850	P	2,606.3
NOV (Magnolia)	50311	10/03/07	Oily Water	20,850	P	2,606.3
Ameriforge Corporation	50405	10/04/07	Recycle-Oily Water	45,870	P	5,733.8
Atlantic Industrial Services (Shreveport)	50120	10/04/07	Recycle-Oily Water	44,202	P	5,525.3
Gulf Stream Marine (Greensport)	50050	10/04/07	N/A	20,850	P	2,606.3
KMCO, Inc.	50429	10/04/07	Recycle-Oily Water	36,600	P	4,575.0
OEM	50432	10/04/07	Recycle- pure Oil	413	P	51.6
OEM	50428	10/04/07	Recycle-Used Oil	459	P	57.4
Atlantic Industrial Services (Shreveport)	50779	10/05/07	Recycle-Oily Water	44,035	P	5,504.4
Farouk Systems	50037	10/05/07	CESQ2192	41,700	P	5,212.5
Houston Marine Services, Inc	50828	10/05/07	Recycle	35,862	P	4,482.8

KMCO, Inc.	50767	10/05/07	Recycle-Oily Water	50,000	P	6,250.0
KMCO, Inc.	50765	10/05/07	Recycle-Oily Water	50,000	P	6,250.0
KMCO, Inc.	50766	10/05/07	Recycle-Oily Water	50,000	P	6,250.0
KMCO, Inc.	50634	10/05/07	Recycle-Oily Water	33,800	P	4,225.0
KMCO, Inc.	50681	10/05/07	Recycle-Oily Water	38,040	P	4,755.0
Holcomb Environmental	50697	10/06/07	Recyclable	50,040	P	6,255.0
Holcomb Environmental	50695	10/06/07	Recyclable	54,210	P	6,776.3
Holcomb Environmental	50692	10/06/07	Recyclable	54,210	P	6,776.3
Atlantic Industrial Services (Shreveport)	50474	10/08/07	Recycle-Oily Water	51,708	P	6,463.5
Farouk Systems	50557	10/08/07	CESQ2192	45,870	P	5,733.8
Holcomb Environmental	50699	10/08/07	Recyclable	54,210	P	6,776.3
Holcomb Environmental	50698	10/08/07	Recyclable	41,700	P	5,212.5
Holcomb Environmental	50700	10/08/07	Recyclable	55,878	P	6,984.8
Ameriforge Corporation	50713	10/09/07	Recycle-Oily Water	41,700	P	5,212.5
Atlantic Industrial Services (Shreveport)	50475	10/09/07	Recycle-Oily Water	51,708	P	6,463.5
Enviro Solutions - Baytown	50926	10/09/07		10,842	P	1,355.3
Holcomb Environmental	50720	10/09/07	Recyclable	41,700	P	5,212.5
Holcomb Environmental	50717	10/09/07	Recyclable	45,870	P	5,733.8
Holcomb Environmental	50718	10/09/07	Recyclable	41,700	P	5,212.5
Holcomb Environmental	50715	10/09/07	Recyclable	45,870	P	5,733.8
Holcomb Environmental	50719	10/09/07	Recyclable	459	P	57.4
Holcomb Environmental	50716	10/09/07	Recyclable	45,870	P	5,733.8
KMCO, Inc.	50728	10/09/07	Recycle-Oily Water	44,202	P	5,525.3
Ovalen Development LLC	50725	10/09/07	Recycle	46,704	P	5,838.0
Ovalen Development LLC	50726	10/09/07	Recycle	45,870	P	5,733.8
Select Environmental	50927	10/09/07	Recycle	41,700	P	5,212.5
Select Environmental	50928	10/09/07	Recycle	45,870	P	5,733.8
Canrig	50819	10/10/07	Recycle	41,700	P	5,212.5
Farouk Systems	50558	10/10/07	CESQ2192	41,700	P	5,212.5
Holcomb Environmental	50782	10/10/07	Recyclable	41,700	P	5,212.5
Holcomb Environmental	50784	10/10/07	Recyclable	50,040	P	6,255.0
Holcomb Environmental	50787	10/10/07	Recyclable	50,874	P	6,359.3
Holcomb Environmental	50783	10/10/07	Recyclable	54,210	P	6,776.3
Holcomb Environmental	50786	10/10/07	Recyclable	50,040	P	6,255.0
Holcomb Environmental	50785	10/10/07	Recyclable	50,040	P	6,255.0
Houston Marine Services, Inc	51484	10/10/07	Recycle	41,700	P	5,212.5
Houston Marine Services, Inc	51485	10/10/07	Recycle	41,700	P	5,212.5
Lubrizol-Deer Park	50756	10/10/07	Recycle	29,880	P	3,735.0
NOV Drilling Equipment (Lockwood)	50795	10/10/07	Recycle	12,510	P	1,563.8
Proler Southwest	50734	10/10/07	Recycle-Oily Water	41,700	P	5,212.5
Proler Southwest	50732	10/10/07	Recycle-Oily Water	41,700	P	5,212.5
Ameriforge Corporation	50957	10/11/07	Recycle-Oily Water	17,560	P	2,195.0
T3 Energy Services - Cypress	50861	10/11/07	Recycle-Oily Water	25,020	P	3,127.5
Enviro Solutions - Baytown	51184	10/12/07		20,850	P	2,606.3
Farouk Systems	50559	10/12/07	CESQ2192	41,700	P	5,212.5
Houston Marine Services, Inc	51186	10/12/07	Recycle	35,862	P	4,482.8
Houston Marine Services, Inc	51185	10/12/07	Recycle	35,862	P	4,482.8
KMTEx	50917	10/12/07	Recycle-Oily Water	44,960	P	5,620.0
Select Environmental	51183	10/12/07	Recycle	45,036	P	5,629.5
Goodman Manufacturing (Cooling Plant)	50529	10/13/07	00202051	37,530	P	4,691.3
Goodman Manufacturing (Cooling Plant)	50530	10/13/07	00202051	37,530	P	4,691.3
Ameriforge Corporation	50958	10/15/07	Recycle-Oily Water	39,120	P	4,890.0
Atlantic Industrial Services (Shreveport)	51112	10/15/07	Recycle-Oily Water	44,035	P	5,504.4
Enviro Solutions - Baytown	51274	10/15/07		15,012	P	1,876.5
Enviro Solutions - Baytown	51264	10/15/07		49,840	P	6,230.0
Farouk Systems	50973	10/15/07	CESQ2192	37,530	P	4,691.3
KMTEx	51117	10/15/07	Recycle-Oily Water	42,700	P	5,337.5
KMTEx	51128	10/15/07	Recycle-Oily Water	47,460	P	5,932.5
Ovalen Development LLC	51085	10/15/07	Recycle	41,700	P	5,212.5
Ovalen Development LLC	51086	10/15/07	Recycle	41,700	P	5,212.5
Ameriforge Corporation	51162	10/16/07	Recycle-Oily Water	74,940	P	9,367.5

KMCO, Inc.	51189	10/16/07	Recycle-Oily Water	29,960	P	3,745.0
Farouk Systems	50974	10/17/07	CESQ2192	10,025	P	1,253.1
Momentum Biofuels	51476	10/17/07	Recycle-Oily Water	54,210	P	6,776.3
Select Environmental	51478	10/17/07	Recycle	33,360	P	4,170.0
Ameriforge Corporation	51275	10/18/07	Recycle-Oily Water	37,360	P	4,670.0
Goodman Manufacturing (Cooling Plant)	51308	10/18/07	Recycle-Oily Water	16,680	P	2,085.0
KMTEx	51321	10/18/07	Recycle-Oily Water	38,220	P	4,777.5
Proler Southwest	51293	10/18/07	Recycle-Oily Water	45,870	P	5,733.8
Proler Southwest	51291	10/18/07	Recycle-Oily Water	45,870	P	5,733.8
Atlantic Industrial Services (Shreveport)	51400	10/19/07	Recycle-Oily Water	48,372	P	6,046.5
Ethyl Corporation	51619	10/19/07	Recycle-Oily Water	46,220	P	5,777.5
Farouk Systems	50975	10/19/07	CESQ2192	25,020	P	3,127.5
Holcomb Environmental	51695	10/19/07	Recyclable	15,012	P	1,876.5
Houston Marine Services, Inc	51377	10/19/07	Recycle	40,457	P	5,057.1
Houston Marine Services, Inc	51374	10/19/07	Recycle	47,538	P	5,942.3
Houston Marine Services, Inc	51378	10/19/07	Recycle	40,941	P	5,117.6
KMCO, Inc.	51588	10/21/07	Recycle-Oily Water	40,760	P	5,095.0
KMCO, Inc.	51590	10/21/07	Recycle-Oily Water	22,540	P	2,817.5
Atlantic Industrial Services (Shreveport)	51556	10/22/07	Recycle-Oily Water	50,040	P	6,255.0
Farouk Systems	51347	10/22/07	CESQ2192	25,020	P	3,127.5
Gulf Stream Marine (Greensport)	51336	10/22/07	N/A	8,340	P	1,042.5
KMTEx	51579	10/22/07	Recycle-Oily Water	33,760	P	4,220.0
Trinity Railcar Repair, Inc. (Plant #4117)	51543	10/22/07	Recycle	41,700	P	5,212.5
Select Environmental	51764	10/23/07	Recycle	41,700	P	5,212.5
Trinity Railcar Repair, Inc. (Plant #4117)	51614	10/23/07	Recycle	41,700	P	5,212.5
Farouk Systems	51348	10/24/07	CESQ2192	41,700	P	5,212.5
Proler Southwest	51621	10/24/07	Recycle-Oily Water	41,700	P	5,212.5
T3 Energy Services - Cypress	51724	10/24/07	Recycle-Oily Water	16,680	P	2,085.0
T3 Energy Services - Cypress	51632	10/24/07	Recycle-Oily Water	25,020	P	3,127.5
High Island Petrochemicals	51922	10/25/07		45,870	P	5,733.8
Select Environmental	51915	10/25/07	Recycle	44,452	P	5,556.5
Dresser Flow	51898	10/26/07	Recycle-Coolant	37,530	P	4,691.3
Ethyl Corporation	52013	10/26/07	Recycle-Oily Water	50,780	P	6,347.5
Farouk Systems	51349	10/26/07	CESQ2192	41,700	P	5,212.5
High Island Petrochemicals	52008	10/26/07		45,870	P	5,733.8
High Island Petrochemicals	52012	10/26/07		45,870	P	5,733.8
High Island Petrochemicals	52010	10/26/07		45,870	P	5,733.8
High Island Petrochemicals	52001	10/26/07		45,870	P	5,733.8
High Island Petrochemicals	52011	10/26/07		45,870	P	5,733.8
Houston Marine Services, Inc	51991	10/26/07	Recycle	35,862	P	4,482.8
Lubrizol-Deer Park	51891	10/26/07	Recycle	33,840	P	4,230.0
Lubrizol-Deer Park	51886	10/26/07	Recycle	34,940	P	4,367.5
Houston Marine Services, Inc	51893	10/27/07	Recycle	39,623	P	4,952.9
Houston Marine Services, Inc	51892	10/27/07	Recycle	36,871	P	4,608.9
Lubrizol-Deer Park	51888	10/27/07	Recycle	35,720	P	4,465.0
Lubrizol-Deer Park	51890	10/27/07	Recycle	36,480	P	4,560.0
Ameriforge Corporation	51722	10/29/07	Recycle-Oily Water	34,194	P	4,274.3
Atlantic Industrial Services (Shreveport)	51932	10/29/07	Recycle-Oily Water	43,368	P	5,421.0
Farouk Systems	51826	10/29/07	CESQ2192	41,700	P	5,212.5
Forged Vessel Connections, Inc.	51924	10/29/07	Recycle-Oily Water	15,012	P	1,876.5
High Island Petrochemicals	52121	10/29/07		45,870	P	5,733.8
High Island Petrochemicals	52118	10/29/07		45,870	P	5,733.8
High Island Petrochemicals	52122	10/29/07		49,206	P	6,150.8
High Island Petrochemicals	52116	10/29/07		50,040	P	6,255.0
High Island Petrochemicals	52115	10/29/07		50,040	P	6,255.0
High Island Petrochemicals	52123	10/29/07		50,274	P	6,284.3
High Island Petrochemicals	52120	10/29/07		45,870	P	5,733.8
Houston Marine Services, Inc	52114	10/29/07	Recycle	32,200	P	4,025.0
Houston Marine Services, Inc	52113	10/29/07	Recycle	33,824	P	4,228.0
PGI International	51914	10/29/07	Recycle-Oily Water	20,850	P	2,606.3
Proler Southwest	51912	10/29/07	Recycle-Oily Water	45,870	P	5,733.8

Enviro Solutions - Baytown	52213	10/30/07		12,510	P	1,563.8
High Island Petrochemicals	52201	10/30/07		45,870	P	5,733.8
High Island Petrochemicals	52200	10/30/07		50,040	P	6,255.0
High Island Petrochemicals	52203	10/30/07		45,870	P	5,733.8
High Island Petrochemicals	52204	10/30/07		17,514	P	2,189.3
High Island Petrochemicals	52202	10/30/07		51,708	P	6,463.5
Koch Heat Transfer Company, LP	52049	10/30/07	Recycle-Oily Water	12,510	P	1,563.8
Select Environmental	52207	10/30/07	Recycle	41,700	P	5,212.5
Sunbelt Machine Works Corporation	51884	10/30/07	Recycle-Oily Water	13,761	P	1,720.1
Atlantic Industrial Services (Shreveport)	52173	10/31/07	Recycle-Oily Water	50,040	P	6,255.0
Farouk Systems	51827	10/31/07	CESQ2192	41,700	P	5,212.5
						741,619.3
High Island Petrochemicals	52413	11/01/07		51,708	P	6,463.5
Martin Transport	52101	11/01/07	Recycle-Off Spec Oil	250	P	31.3
Martin Transport	52102	11/01/07	Recycle-Off Spec Oil	2,400	P	300.0
Farouk Systems	51828	11/02/07	CESQ2192	33,360	P	4,170.0
OEM	52308	11/02/07	recyclable	917	P	114.6
OEM	52308	11/02/07	recyclable	200	P	25.0
OEM	52305	11/02/07	recyclable	1,500	P	187.5
Hutchinson-Hayes International, Inc.(East Be	52300	11/03/07	CESQ1132	50,040	P	6,255.0
Hutchinson-Hayes International, Inc.(East Be	52299	11/03/07	CESQ1132	8,340	P	1,042.5
Ethyl Corporation	52287	11/05/07	Recycle	3,670	P	458.8
Farouk Systems	52317	11/05/07	CESQ2192	16,680	P	2,085.0
Gulf Stream Marine (Greensport)	52349	11/05/07	N/A	3,336	P	417.0
MIC	52286	11/05/07	Recycle-Oily Water	24,770	P	3,096.3
Century Asphalt (Rosenberg)	52494	11/06/07	Recycle	41,700	P	5,212.5
Hutchison Hayes International-Baytown	52628	11/06/07	Recycle-Oily Water	50,040	P	6,255.0
T3 Energy Services - Cypress	52485	11/06/07	Recycle-Oily Water	26,688	P	3,336.0
BPX Films	52464	11/07/07	Recycle-Used Oil	10,875	P	1,359.4
Farouk Systems	52318	11/07/07	CESQ2192	29,190	P	3,648.8
KMCO, Inc.	52545	11/07/07	Recycle-Oily Water	40,560	P	5,070.0
Lubrizol-Deer Park	52542	11/07/07	Recycle	35,180	P	4,397.5
Lubrizol-Deer Park	52541	11/07/07	Recycle	37,820	P	4,727.5
NOV Drilling Equipment (West Little York)	52607	11/07/07	Recycle-Oily Water	8,340	P	1,042.5
KMCO, Inc.	52546	11/08/07	Recycle-Oily Water	46,120	P	5,765.0
Lubrizol-Deer Park	52543	11/08/07	Recycle	42,740	P	5,342.5
Lubrizol-Deer Park	52544	11/08/07	Recycle	34,540	P	4,317.5
Select Environmental	52800	11/08/07	Recycle	41,700	P	5,212.5
Select Environmental	52795	11/08/07	Recycle	41,700	P	5,212.5
Farouk Systems	52319	11/09/07	CESQ2192	29,190	P	3,648.8
High Island Petrochemicals	52894	11/09/07		45,870	P	5,733.8
KMCO, Inc.	52523	11/09/07	Recycle-Oily Water	39,900	P	4,987.5
Lubrizol-Deer Park	52645	11/09/07	Recycle	34,040	P	4,255.0
Lubrizol-Deer Park	52644	11/09/07	Recycle	36,040	P	4,505.0
Ameriforge Corporation	52861	11/10/07	Recycle-Oily Water	16,680	P	2,085.0
Atlantic Industrial Services (Shreveport)	52615	11/12/07	Recycle-Oily Water	50,040	P	6,255.0
Farouk Systems	52671	11/12/07	CESQ2192	25,020	P	3,127.5
Lubrizol-Deer Park	52646	11/12/07	Recycle	30,920	P	3,865.0
Lubrizol-Deer Park	52647	11/12/07	Recycle	36,000	P	4,500.0
Select Environmental	52799	11/12/07	Recycle	43,368	P	5,421.0
BPX Films	52870	11/13/07	Recycle-Used Oil	12,750	P	1,593.8
Enviro Solutions - Baytown	53142	11/14/07		20,850	P	2,606.3
Farouk Systems	52672	11/14/07	CESQ2192	45,870	P	5,733.8
High Island Petrochemicals	53136	11/14/07		45,870	P	5,733.8
High Island Petrochemicals	53137	11/14/07		45,870	P	5,733.8
High Island Petrochemicals	53138	11/14/07		45,870	P	5,733.8
Atlantic Industrial Services (Shreveport)	52946	11/15/07	Recycle-Oily Water	50,724	P	6,340.5
Select Environmental	53190	11/15/07	Recycle	41,700	P	5,212.5
Select Environmental	53189	11/15/07	Recycle	41,700	P	5,212.5
T3 Energy Services - Cypress	53024	11/15/07	Recycle-Oily Water	26,688	P	3,336.0

Canrig	53126	11/16/07	Recycle	4,000	P	500.0
Canrig	53125	11/16/07	Recycle	1,600	P	200.0
Canrig	53144	11/16/07	Recycle	1,800	P	225.0
Enviro Solutions - Baytown	53273	11/16/07		24,186	P	3,023.3
Farouk Systems	52673	11/16/07	CESQ2192	45,870	P	5,733.8
High Island Petrochemicals	53272	11/16/07		54,210	P	6,776.3
Lubrizol-Deer Park	53158	11/16/07	Recycle	34,940	P	4,367.5
Atlantic Industrial Services (Shreveport)	53151	11/19/07	Recycle-Oily Water	45,870	P	5,733.8
Farouk Systems	53093	11/19/07	CESQ2192	45,870	P	5,733.8
Gulf Stream Marine (Greensport)	53107	11/19/07	N/A	12,500	P	1,562.5
High Island Petrochemicals	53350	11/19/07		54,210	P	6,776.3
Vetco Gray	53205	11/19/07	Recycle-Oily Water	41,700	P	5,212.5
Ameriforge Corporation	53247	11/20/07	Recycle-Oily Water	45,870	P	5,733.8
Atlantic Industrial Services (Shreveport)	53200	11/20/07	Recycle-Oily Water	45,870	P	5,733.8
High Island Petrochemicals	53475	11/20/07		45,870	P	5,733.8
Select Environmental	53473	11/20/07	Recycle	48,372	P	6,046.5
Ameriforge Corporation	53353	11/21/07	Recycle-Oily Water	41,700	P	5,212.5
Enviro Solutions - Baytown	53514	11/21/07		24,186	P	3,023.3
Ethyl Corporation	53624	11/21/07	Recycle-Oily Water	49,280	P	6,160.0
Farouk Systems	53094	11/21/07	CESQ2192	45,870	P	5,733.8
NOV Drilling Equipment (West Little York)	53186	11/21/07	Recycle-Oily Water	26,688	P	3,336.0
Ovalen Development LLC	53327	11/21/07	Recycle	50,040	P	6,255.0
Select Environmental	53515	11/21/07	Recycle	48,372	P	6,046.5
Proler Southwest	53483	11/23/07	Recycle-Oily Water	43,368	P	5,421.0
Proler Southwest	53467	11/23/07	Recycle-Oily Water	41,700	P	5,212.5
Proler Southwest	53520	11/23/07	Recycle-Oily Water	45,036	P	5,629.5
Proler Southwest	53468	11/23/07	Recycle-Oily Water	43,368	P	5,421.0
Atlantic Industrial Services (Shreveport)	53470	11/26/07	Recycle-Oily Water	45,870	P	5,733.8
Ovalen Development LLC	53325	11/26/07	Recycle	31,692	P	3,961.5
Proler Southwest	53658	11/27/07	Recycle-Oily Water	45,870	P	5,733.8
Enviro Solutions - Baytown	53917	11/28/07		25,020	P	3,127.5
Ethyl Corporation	53790	11/28/07	Recycle-Oily Water	16,020	P	2,002.5
Farouk Systems	53403	11/28/07	CESQ2192	45,870	P	5,733.8
T3 Energy Services - Cypress	53634	11/28/07	Recycle-Oily Water	25,020	P	3,127.5
Enviro Solutions - Baytown	54077	11/29/07		2,335,200	P	291,900.0
Lubrizol-Deer Park	53777	11/29/07	Recycle	46,000	P	5,750.0
Proler Southwest	53659	11/29/07	Recycle-Oily Water	50,040	P	6,255.0
Sunbelt Machine Works Corporation	53690	11/29/07	Recycle-Oily Water	6,255	P	781.9
Dresser Flow	53808	11/30/07	Recycle-Coolant	35,862	P	4,482.8
Farouk Systems	53404	11/30/07	CESQ2192	41,700	P	5,212.5
High Island Petrochemicals	54122	11/30/07		45,870	P	5,733.8
Proler Southwest	53661	11/30/07	Recycle-Oily Water	45,870	P	5,733.8
Proler Southwest	53660	11/30/07	Recycle-Oily Water	45,870	P	5,733.8
Select Environmental	54119	11/30/07	Recycle	41,700	P	5,212.5

673,924.9

Atlantic Industrial Services (Shreveport)	53957	12/03/07	Recycle-Oily Water	50,874	P	6,359.3
Farouk Systems	53825	12/03/07	CESQ2192	25,020	P	3,127.5
Gulf Stream Marine (Greensport)	53913	12/03/07	N/A	4,170	P	521.3
PGI International	54087	12/03/07	Recycle-Oily Water	25,020	P	3,127.5
Select Environmental	54250	12/03/07	Recycle	45,870	P	5,733.8
Select Environmental	54249	12/03/07	Recycle	45,870	P	5,733.8
Atlantic Industrial Services	54515	12/04/07	Recycle-Oily Water	450	P	56.3
Ameriforge Corporation	54199	12/05/07	Recycle-Oily Water	29,840	P	3,730.0
Enviro Solutions - Baytown	54435	12/05/07		45,870	P	5,733.8
Farouk Systems	53826	12/05/07	CESQ2192	29,190	P	3,648.8
Lubrizol-Deer Park	54130	12/05/07	Recycle	30,960	P	3,870.0
Lubrizol-Deer Park	54131	12/05/07	Recycle	33,080	P	4,135.0
Select Environmental	54319	12/05/07	Recycle	37,530	P	4,691.3
South Coast Terminals (East Ave S)	54257	12/05/07	N/A	11,700	P	1,462.5
Atlantic Industrial Services (Shreveport)	54246	12/06/07	Recycle-Oily Water	45,870	P	5,733.8

Enviro Solutions - Baytown	54652	12/07/07		53,375	P	6,672.0
Enviro Solutions - Baytown	54654	12/07/07		53,376	P	6,672.0
Enviro Solutions - Baytown	54507	12/07/07		25,020	P	3,127.5
Enviro Solutions - Baytown	54506	12/07/07		26,688	P	3,336.0
Ethyl Corporation	54651	12/07/07	Recycle-Oily Water	47,320	P	5,915.0
Farouk Systems	53827	12/07/07	CESQ2192	41,700	P	5,212.5
Proler Southwest	54478	12/07/07	Recycle-Oily Water	41,700	P	5,212.5
Lubrizol-Deer Park	54604	12/08/07	Recycle	47,720	P	5,965.0
Proler Southwest	54479	12/08/07	Recycle-Oily Water	41,700	P	5,212.5
Proler Southwest	54480	12/08/07	Recycle-Oily Water	41,700	P	5,212.5
Farouk Systems	54380	12/10/07	CESQ2192	33,360	P	4,170.0
Forged Products	54599	12/10/07	Recycle-Oily Water	28,356	P	3,544.5
KMTEx	54555	12/10/07	Recycle-Oily Water	42,720	P	5,340.0
OEM	54588	12/10/07	recyclable	520	P	65.0
OEM	54590	12/10/07	Recycle-Used Oil	16,680	P	2,085.0
Select Environmental	54748	12/10/07	Recycle	41,700	P	5,212.5
Atlantic Industrial Services (Shreveport)	54668	12/11/07	Recycle-Oily Water	45,870	P	5,733.8
Enviro Solutions - Baytown	54831	12/11/07		14,178	P	1,772.3
High Island Petrochemicals	54829	12/11/07		50,040	P	6,255.0
High Island Petrochemicals	54816	12/11/07		59,214	P	7,401.8
High Island Petrochemicals	54817	12/11/07		19,182	P	2,397.8
High Island Petrochemicals	54818	12/11/07		50,040	P	6,255.0
KMCO, Inc.	54657	12/11/07	Recycle-Oily Water	37,580	P	4,697.5
KMCO, Inc.	54658	12/11/07	Recycle-Oily Water	30,120	P	3,765.0
KMTEx	54556	12/11/07	Recycle-Oily Water	41,200	P	5,150.0
KMTEx	54557	12/11/07	Recycle-Oily Water	36,000	P	4,500.0
South Coast Terminals (East Ave S)	54830	12/11/07	N/A	10,450	P	1,306.3
Atlantic Industrial Services (Shreveport)	54669	12/12/07	Recycle-Oily Water	50,040	P	6,255.0
Enviro Solutions - Baytown	54984	12/12/07		23,352	P	2,919.0
Farouk Systems	54382	12/12/07	CESQ2192	29,190	P	3,648.8
KMCO, Inc.	54660	12/12/07	Recycle-Oily Water	43,100	P	5,387.5
KMCO, Inc.	54659	12/12/07	Recycle-Oily Water	35,200	P	4,400.0
Select Environmental	54978	12/12/07	Recycle	41,700	P	5,212.5
Lubrizol-Deer Park	54795	12/13/07	Recycle	35,060	P	4,382.5
Lubrizol-Deer Park	54796	12/13/07	Recycle	24,300	P	3,037.5
Momentum Biofuels	54792	12/13/07	Recycle-Oily Water	50,040	P	6,255.0
Momentum Biofuels	54791	12/13/07	Recycle-Oily Water	50,040	P	6,255.0
NOV Drilling Equipment (West Little York)	54799	12/13/07	Recycle-Oily Water	25,020	P	3,127.5
Proler Southwest	54678	12/13/07	Recycle-Oily Water	50,040	P	6,255.0
Proler Southwest	54679	12/13/07	Recycle-Oily Water	50,040	P	6,255.0
Enviro Solutions - Baytown	55252	12/14/07		24,186	P	3,023.3
Farouk Systems	54383	12/14/07	CESQ2192	29,190	P	3,648.8
Lubrizol-Deer Park	54798	12/14/07	Recycle	32,720	P	4,090.0
Lubrizol-Deer Park	54797	12/14/07	Recycle	36,440	P	4,555.0
Lubrizol-Deer Park	55077	12/15/07	Recycle	43,960	P	5,495.0
T3 Energy Services - Cypress	54736	12/15/07	Recycle-Oily Water	13,344	P	1,668.0
Atlantic Industrial Services (Shreveport)	55010	12/17/07	Recycle-Oily Water	43,368	P	5,421.0
Farouk Systems	54896	12/17/07	CESQ2192	41,700	P	5,212.5
Forged Vessel Connections, Inc.	55032	12/17/07	Recycle-Oily Water	25,020	P	3,127.5
KMTEx	55055	12/17/07	Recycle-Oily Water	390,479	P	48,809.9
KMTEx	55054	12/17/07	Recycle-Oily Water	48,800	P	6,100.0
Lubrizol-Deer Park	54800	12/17/07	Recycle	35,660	P	4,457.5
Lubrizol-Deer Park	55087	12/17/07	Recycle	35,320	P	4,415.0
Momentum Biofuels	55069	12/17/07	Recycle-Oily Water	50,040	P	6,255.0
Select Environmental	55249	12/17/07	Recycle	37,530	P	4,691.3
Select Environmental	55248	12/17/07	Recycle	45,870	P	5,733.8
Atlantic Industrial Services (Shreveport)	55011	12/18/07	Recycle-Oily Water	44,035	P	5,504.4
Greens Bayou Pipe Mill, LP	55133	12/18/07	Recycle-Oily Water	5,470	P	683.8
Gulf Stream Marine (Greensport)	54902	12/18/07	N/A	8,340	P	1,042.5
Lubrizol-Deer Park	55085	12/18/07	Recycle	35,520	P	4,440.0
Lubrizol-Deer Park	54803	12/18/07	Recycle	28,360	P	3,545.0

Momentum Biofuels	54793	12/18/07	Recycle-Oily Water	50,040	P	6,255.0
Ameriforge Corporation	55131	12/19/07	Recycle-Oily Water	47,960	P	5,995.0
BPX Films	55114	12/19/07	Recycle-Used Oil	4,000	P	500.0
Enviro Solutions - Baytown	55391	12/19/07		17,514	P	2,189.3
Farouk Systems	54897	12/19/07	CESQ2192	45,870	P	5,733.8
Lubrizol-Deer Park	54802	12/19/07	Recycle	35,680	P	4,460.0
Lubrizol-Deer Park	54805	12/19/07	Recycle	35,680	P	4,460.0
Lubrizol-Deer Park	54804	12/19/07	Recycle	34,380	P	4,297.5
Momentum Biofuels	55418	12/19/07	Recycle-Oily Water	50,040	P	6,255.0
Proler Southwest	55163	12/19/07	Recycle-Oily Water	45,870	P	5,733.8
Select Environmental	55411	12/19/07	Recycle	50,040	P	6,255.0
KMTEx	55056	12/20/07	Recycle-Oily Water	43,740	P	5,467.5
Martin Transport	55183	12/20/07	Recycle-Oily Water	29,190	P	3,648.8
Atlantic Industrial Services (Shreveport)	55330	12/21/07	Recycle-Oily Water	49,081	P	6,135.1
Farouk Systems	54898	12/21/07	CESQ2192	43,368	P	5,421.0
OEM	55349	12/21/07	Recycle-Used Oil	1,835	P	229.4
OEM	55349	12/21/07	Recycle-Used Oil	2,085	P	260.6
Proler Southwest	55272	12/22/07	Recycle-Oily Water	45,870	P	5,733.8
Atlantic Industrial Services (Shreveport)	55470	12/27/07	Recycle-Oily Water	50,040	P	6,255.0
Dresser Flow	55542	12/27/07	Recycle-Coolant	35,028	P	4,378.5
Lubrizol-Deer Park	55512	12/27/07	Recycle	35,840	P	4,480.0
Lubrizol-Deer Park	55510	12/27/07	Recycle	33,900	P	4,237.5
Farouk Systems	55223	12/28/07	CESQ2192	41,700	P	5,212.5
KMCO, Inc.	55745	12/28/07	Recycle-Oily Water	41,740	P	5,217.5
Gulf Stream Marine (Greensport)	55737	12/31/07	N/A	3,330	P	416.3
KMTEx	55598	12/31/07	Recycle-Oily Water	41,640	P	5,205.0
KMTEx	55597	12/31/07	Recycle-Oily Water	47,740	P	5,967.5
						495,562.4
						6,736,865.4
				53,894,923	P	6,736,865.4

CES ENVIRONMENTAL SERVICES

January	Base Oil Water	99,570
February	Base Oil Water	62,997
March	Base Oil Water	59,908
April	Base Oil Water	52,019
May	Base Oil Water	47,849
June	Base Oil Water	69,155
July	Base Oil Water	104,580
August	Base Oil Water	117,969
September	Base Oil Water	143,442
October	Base Oil Water	92,330
November	Base Oil Water	56,359
December	Base Oil Water	70,649
2007 year total		976,827
		G

Generator	Description	Qty	P	Qty	gal
Shell Global	A Tank/Inside Pit	29,540	P	3,692.5	
Shell Global	Rail Pit	32,920	P	4,115.0	
Shell Global	Rail Pit	39,920	P	4,990.0	
Shell Global	Rail Pit	38,180	P	4,772.5	
Shell Global	Rail Pit	41,540	P	5,192.5	
Shell Global	Railpit	28,820	P	3,602.5	
Shell Global	A Tank/Inside Pit	36,160	P	4,520.0	
Shell Global	Rail Pit	43,320	P	5,415.0	
Shell Global	Rail Pit	41,360	P	5,170.0	
Shell Global	A Tank/Inside Pit	38,920	P	4,865.0	
Shell Global	Rail Pit	39,140	P	4,892.5	
Shell Global	A Tank/Inside Pit	29,180	P	3,647.5	
Shell Global	Rail Pit	50,040	P	6,255.0	
Shell Global	Rail Pit	41,700	P	5,212.5	
Shell Global	Rail Pit	39,080	P	4,885.0	
Shell Global	Rail Pit	39,900	P	4,987.5	
Shell Global	Rail Pit	45,800	P	5,725.0	
Shell Global	Rail Pit	40,600	P	5,075.0	
Shell Global	Rail Pit	44,140	P	5,517.5	
Shell Global	Rail Pit	30,240	P	3,780.0	
Shell Global	A Tank/Inside Pit	26,060	P	3,257.5	
				99,570.0	
Shell Global	A Tank/Inside Pit	32,780	P	4,097.5	
Shell Global	Rail Pit	43,880	P	5,485.0	
Shell Global	A Tank/Inside Pit	25,020	P	3,127.5	
Shell Global	A Tank/Inside Pit	31,400	P	3,925.0	
Shell Global	Rail Pit	38,380	P	4,797.5	
Shell Global	A Tank/Inside Pit	25,740	P	3,217.5	
Shell Global	Rail Pit	35,080	P	4,385.0	
Shell Global	A Tank/Inside Pit	27,580	P	3,447.5	
Shell Global	Rail Pit	38,280	P	4,785.0	
Shell Global	A Tank/Inside Pit	42,160	P	5,270.0	
Shell Global	Rail Pit	34,995	P	4,374.4	
Shell Global	Rail Pit	44,860	P	5,607.5	
Shell Global	Rail Pit	36,420	P	4,552.5	
Shell Global	A Tank/Inside Pit	22,100	P	2,762.5	
Shell Global	Rail Pit	25,300	P	3,162.5	
				62,996.9	
Shell Global	A Tank/Inside Pit	36,600	P	4,575.0	
Shell Global	Rail Pit	41,600	P	5,200.0	
Shell Global	A Tank/Inside Pit	29,040	P	3,630.0	
Shell Global	Rail Pit	29,300	P	3,662.5	

Shell Global	A Tank/Inside Pit	25,500	P	3,187.5
Shell Global	Rail Pit	28,180	P	3,522.5
Shell Global	A Tank/Inside Pit	29,340	P	3,667.5
Shell Global	Recycle-Rail Pit	45,120	P	5,640.0
Shell Global	A Tank/Inside Pit	34,880	P	4,360.0
Shell Global	Recycle-Rail Pit	41,700	P	5,212.5
Shell Global	A Tank/Inside Pit	35,000	P	4,375.0
Shell Global	Recycle-Rail Pit	22,340	P	2,792.5
Shell Global	A Tank/Inside Pit	37,760	P	4,720.0
Shell Global	Recycle-Rail Pit	42,900	P	5,362.5
				59,907.5

Shell Global	A Tank/Inside Pit	18,900	P	2,362.5
Shell Global	Recycle-Rail Pit	35,860	P	4,482.5
Shell Global	A Tank/Inside Pit	35,380	P	4,422.5
Shell Global	Recycle-Rail Pit	38,840	P	4,855.0
Shell Global	A Tank/Inside Pit	7,900	P	987.5
Shell Global	A Tank/Inside Pit	3,974	G	496.8
Shell Global	Recycle-Rail Pit	38,060	P	4,757.5
Shell Global	A Tank/Inside Pit	12,740	P	1,592.5
Shell Global	A Tank/Inside Pit	50,040	P	6,255.0
Shell Global	Recycle-Rail Pit	5,000	P	625.0
Shell Global	A Tank/Inside Pit	38,960	P	4,870.0
Shell Global	Recycle-Rail Pit	41,340	P	5,167.5
Shell Global	A Tank/Inside Pit	42,260	P	5,282.5
Shell Global	Recycle-Rail Pit	46,900	P	5,862.5
				52,019.3

Shell Global	A Tank/Inside Pit	4,100	P	512.5
Shell Global	A Tank/Inside Pit	41,700	P	5,212.5
Shell Global	Recycle-Rail Pit	41,700	P	5,212.5
Shell Global	A Tank/Inside Pit	50,374	P	6,296.8
Shell Global	A Tank/Inside Pit	34,920	P	4,365.0
Shell Global	Recycle-Rail Pit	39,980	P	4,997.5
Shell Global	A Tank/Inside Pit	12,560	P	1,570.0
Shell Global	Recycle-Rail Pit	39,820	P	4,977.5
Shell Global	Recycle-Rail Pit	41,700	P	5,212.5
Shell Global	Recycle-Rail Pit	41,700	P	5,212.5
Shell Global	A Tank/Inside Pit	34,240	P	4,280.0
				47,849.3

Shell Global	A Tank/Inside Pit	39,400	P	4,925.0
Shell Global	Recycle-Rail Pit	48,860	P	6,107.5
Shell Global	A Tank/Inside Pit	52,420	P	6,552.5
Shell Global	A Tank/Inside Pit	57,546	P	7,193.3
Shell Global	A Tank/Inside Pit	23,520	P	2,940.0
Shell Global	A Tank/Inside Pit	7,420	P	927.5
Shell Global	A Tank/Inside Pit	40,060	P	5,007.5
Shell Global	A Tank/Inside Pit	5,640	P	705.0
Shell Global	recycle-base oil	44,600	P	5,575.0
Shell Global	recycle-base oil	43,780	P	5,472.5
Shell Global	recycle-base oil	44,753	P	5,594.1
Shell Global	recycle-base oil	44,860	P	5,607.5
Shell Global	recycle-base oil	36,488	P	4,561.0
Shell Global	recycle-base oil	23,994	P	2,999.3
Shell Global	Recycle-Rail Pit	8,540	P	1,067.5
Shell Global	A Tank/Inside Pit	6,380	P	797.5
Shell Global	Recycle-Rail Pit	20,850	P	2,606.3
Shell Global	recycle-slop oil and water	4,128	P	516.0
				69,154.9

Shell Global	A Tank/Inside Pit	29,520	P	3,690.0
Shell Global	A Tank/Inside Pit	35,280	P	4,410.0
Shell Global	A Tank/Inside Pit	4,920	P	615.0
Shell Global	A Tank/Inside Pit	28,980	P	3,622.5
Shell Global	A Tank/Inside Pit	42,440	P	5,305.0
Shell Global	A Tank/Inside Pit	8,100	P	1,012.5
Shell Global	N/A	36,120	P	4,515.0
Shell Global	N/A	39,100	P	4,887.5
Shell Global	N/A	39,520	P	4,940.0
Shell Global	N/A	35,180	P	4,397.5
Shell Global	N/A	30,820	P	3,852.5
Shell Global	N/A	37,060	P	4,632.5
Shell Global	N/A	36,241	P	4,530.1
Shell Global	recycle-base oil	27,960	P	3,495.0
Shell Global	recycle-base oil	34,680	P	4,335.0
Shell Global	A Tank/Inside Pit	33,160	P	4,145.0
Shell Global	recycle-base oil	34,360	P	4,295.0
Shell Global	recycle-base oil	24,260	P	3,032.5
Shell Global	N/A	24,280	P	3,035.0
Shell Global	N/A	16,040	P	2,005.0
Shell Global	N/A	28,300	P	3,537.5
Shell Global	N/A	41,700	P	5,212.5
Shell Global	N/A	39,780	P	4,972.5
Shell Global	N/A	39,680	P	4,960.0
Shell Global	N/A	47,620	P	5,952.5
Shell Global	N/A	36,680	P	4,585.0
Shell Global	A Tank/Inside Pit	4,860	P	607.5

104,580.1

Shell Global	N/A	65,840	P	8,230.0
Shell Global	recycle-base oil	79,580	P	9,947.5
Shell Global	A Tank/Inside Pit	6,720	P	840.0
Shell Global	N/A	19,780	P	2,472.5
Shell Global	recycle-base oil	44,040	P	5,505.0
Shell Global	recycle-base oil	35,260	P	4,407.5
Shell Global	N/A	26,860	P	3,357.5
Shell Global	N/A	13,380	P	1,672.5
Shell Global	recycle-base oil	39,123	P	4,890.4
Shell Global	A Tank/Inside Pit	6,540	P	817.5
Shell Global	A Tank/Inside Pit	5,760	P	720.0
Shell Global	A Tank/Inside Pit	7,180	P	897.5
Shell Global	Recycle-Rail Pit	32,240	P	4,030.0
Shell Global	recycle	39,020	P	4,877.5
Shell Global	recycle	24,560	P	3,070.0
Shell Global	recycle-base oil	37,900	P	4,737.5
Shell Global	recycle-base oil	1,720	P	215.0
Shell Global	Recycle	27,440	P	3,430.0
Shell Global	Recycle-Rail Pit	41,700	P	5,212.5
Shell Global	Recycle-Rail Pit	41,700	P	5,212.5
Shell Global	Recycle-Rail Pit	41,700	P	5,212.5
Shell Global	A Tank/Inside Pit	37,860	P	4,732.5
Shell Global	A Tank/Inside Pit	41,700	P	5,212.5
Shell Global	Recycle-Rail Pit	41,700	P	5,212.5
Shell Global	Recycle-Rail Pit	35,660	P	4,457.5
Shell Global	A Tank/Inside Pit	33,720	P	4,215.0
Shell Global	A Tank/Inside Pit	1,650	G	206.3
Shell Global	recycle-base oil	20,320	P	2,540.0
Shell Global	recycle-base oil	38,160	P	4,770.0
Shell Global	recycle-slop oil and water	917	P	114.6

Shell Global	A Tank/Inside Pit	31,882	P	3,985.3
Shell Global	A Tank/Inside Pit	22,140	P	2,767.5
				117,969.0
Shell Global	Recycle-Rail Pit	26,940	P	3,367.5
Shell Global	A Tank/Inside Pit	9,080	P	1,135.0
Shell Global	Recycle-Rail Pit	41,700	P	5,212.5
Shell Global	A Tank/Inside Pit	20,740	P	2,592.5
Shell Global	Recycle-Rail Pit	43,980	P	5,497.5
Shell Global	Recycle-Rail Pit	40,540	P	5,067.5
Shell Global	Recycle-Rail Pit	43,620	P	5,452.5
Shell Global	Recycle-Rail Pit	41,700	P	5,212.5
Shell Global	recycle	5,838	P	729.8
Shell Global	Recycle-Rail Pit	45,870	P	5,733.8
Shell Global	Recycle-Rail Pit	36,260	P	4,532.5
Shell Global	Recycle-Rail Pit	41,700	P	5,212.5
Shell Global	Recycle-Rail Pit	45,870	P	5,733.8
Shell Global	Recycle-Rail Pit	24,160	P	3,020.0
Shell Global	Recycle-Rail Pit	45,870	P	5,733.8
Shell Global	Recycle-Rail Pit	41,700	P	5,212.5
Shell Global	A Tank/Inside Pit	41,060	P	5,132.5
Shell Global	Recycle-Rail Pit	26,240	P	3,280.0
Shell Global	Recycle-Rail Pit	17,820	P	2,227.5
Shell Global	Recycle-Rail Pit	37,420	P	4,677.5
Shell Global	Recycle-Rail Pit	30,740	P	3,842.5
Shell Global	Recycle-Rail Pit	30,920	P	3,865.0
Shell Global	Recycle-Rail Pit	44,800	P	5,600.0
Shell Global	Recycle-Rail Pit	37,401	P	4,675.1
Shell Global	Recycle A Tank/Inside Pit	15,680	P	1,960.0
Shell Global	Recycle-Rail Pit	28,680	P	3,585.0
Shell Global	Recycle-Rail Pit	19,155	P	2,394.4
Shell Global	Recycle-Rail Pit	10,600	P	1,325.0
Shell Global	Recycle-white tank	22,518	P	2,814.8
Shell Global	Recycle-white tank	19,060	P	2,382.5
Shell Global	Recycle-white tank	15,680	P	1,960.0
Shell Global	Recycle-white tank	19,240	P	2,405.0
Shell Global	Recycle-white tank	18,757	P	2,344.6
Shell Global	Recycle-Rail Pit	19,700	P	2,462.5
Shell Global	Recycle-Rail Pit	10,220	P	1,277.5
Shell Global	Recycle	19,860	P	2,482.5
Shell Global	Recycle	33,420	P	4,177.5
Shell Global	Recycle-Rail Pit	12,176	P	1,522.0
Shell Global	Recycle	26,860	P	3,357.5
Shell Global	Recycle-Rail Pit	31,680	P	3,960.0
Shell Global	Recycle	2,280	G	285.0
				143,441.9
Shell Global	Recycle	43,160	P	5,395.0
Shell Global	Recycle	45,800	P	5,725.0
Shell Global	Recycle-Rail Pit	24,520	P	3,065.0
Shell Global	Recycle	17,780	P	2,222.5
Shell Global	recycle	2,752	P	344.0
Shell Global	recycle	2,294	P	286.8
Shell Global	recycle	9,633	P	1,204.1
Shell Global	Recycle	32,980	P	4,122.5
Shell Global	Recycle	45,600	P	5,700.0
Shell Global	Recycle	7,740	P	967.5
Shell Global	Recycle-white tank	19,340	P	2,417.5
Shell Global	Recycle-white tank	20,300	P	2,537.5
Shell Global	Recycle-white tank	21,300	P	2,662.5

Shell Global	Recycle-white tank	26,840	P	3,355.0
Shell Global	Recycle	37,720	P	4,715.0
Shell Global	recycle-base oil	25,600	P	3,200.0
Shell Global	Recycle	55,878	P	6,984.8
Shell Global	Recycle	24,260	P	3,032.5
Shell Global	Recycle-Rail Pit	187,984	P	23,498.0
Shell Global	recycle-base oil	14,740	P	1,842.5
Shell Global	recycle-base oil	38,360	P	4,795.0
Shell Global	Recycle	34,060	P	4,257.5
				92,330.1
Shell Global	Recycle	21,640	P	2,705.0
Shell Global	Recycle	35,880	P	4,485.0
Shell Global	Recycle	37,180	P	4,647.5
Shell Global	Recycle-Rail Pit	7,720	P	965.0
Shell Global	Recycle-Rail Pit	3,620	P	452.5
Shell Global	Recycle	44,935	P	5,616.9
Shell Global	Recycle	30,280	P	3,785.0
Shell Global	Recycle	35,220	P	4,402.5
Shell Global	Recycle	34,220	P	4,277.5
Shell Global	Recycle	33,320	P	4,165.0
Shell Global	recycle-base oil	21,980	P	2,747.5
Shell Global	Recycle	3,820	P	477.5
Shell Global	Recycle	23,500	P	2,937.5
Shell Global	N/A	25,020	P	3,127.5
Shell Global	Recycle	19,840	P	2,480.0
Shell Global	Recycle	36,420	P	4,552.5
Shell Global	Recycle-Rail Pit	21,660	P	2,707.5
Shell Global	Recycle	14,620	P	1,827.5
				56,359.4
Shell Global	Recycle-Rail Pit	400	P	50.0
Shell Global	Recycle	34,340	P	4,292.5
Shell Global	Recycle	41,550	P	5,193.8
Shell Global	Recycle	34,760	P	4,345.0
Shell Global	Recycle	31,140	P	3,892.5
Shell Global	Recycle	40,240	P	5,030.0
Shell Global	Recycle	67,400	P	8,425.0
Shell Global	Recycle	42,520	P	5,315.0
Shell Global	Recycle	30,800	P	3,850.0
Shell Global	Recycle	19,760	P	2,470.0
Shell Global	recycle-base oil	36,650	P	4,581.3
Shell Global	Recycle-base oil	40,920	P	5,115.0
Shell Global	recycle-base oil	38,540	P	4,817.5
Shell Global	recycle-base oil	39,460	P	4,932.5
Shell Global	Recycle	38,660	P	4,832.5
Shell Global	Recycle	28,049	P	3,506.1
				70,648.6

		Gallons
January	Recycle-Oily Water	600,945
February	Recycle-Oily Water	443,393
March	Recycle-Oily Water	549,953
April	Recycle-Oily Water	588,794
May	Recycle-Oily Water	581,429
June	Recycle-Oily Water	548,762
July	Recycle-Oily Water	695,803
August	Recycle-Oily Water	416,286
September	Recycle-Oily Water	400,395
October	Recycle-Oily Water	741,619
November	Recycle-Oily Water	673,925
December	Recycle-Oily Water	495,562
2007 year total	Recycle-Oily Water	6,736,865

gal

	Gallons
January Base Oil Water	99,570
February Base Oil Water	62,997
March Base Oil Water	59,908
April Base Oil Water	52,019
May Base Oil Water	47,849
June Base Oil Water	69,155
July Base Oil Water	104,580
August Base Oil Water	117,969
September Base Oil Water	143,442
October Base Oil Water	92,330
November Base Oil Water	56,359
December Base Oil Water	70,649
2007 year total Base Oil Water	976,827

Emission Summary

2007 Emissions Estimates

Evaluation:		Piping Components (Fugitive)		Distillation		Centerfuge		Storage		Loading		Total	
Component	CAS	Emissions (lb/hr)	Emissions (TPY)	Emissions (lb/hr)	Emissions (TPY)	Emissions (lb/hr)	Emissions (TPY)	Emissions (lb/hr)	Emissions (TPY)	Emissions (lb/hr)	Emissions (TPY)	Emissions (lb/hr) ¹	Emissions (TPY)
Xylene	106-42-3	0.0000	0.0000	-	-	-	-	0.3087	0.0565	0.0052	0.0000	0.3139	0.0565
Naphtha		-	-	-	-	-	-	0.0425	0.0078	-	-	0.0425	0.0078
Oil		0.1460	0.6396	0.0714	0.3128	0.0259	0.0332	0.6899	0.1814	0.0712	0.0785	1.0044	1.2455
Sulfuric Acid	7664-93-9			-	-	-	-	3.75E-04	2.02E-06	-	-	0.0004	0.0000
Total VOC	N/A	0.16	0.71	0.07	0.31	0.03	0.03	2.34	0.48	0.09	0.08	2.69	1.61

Project Total Emissions:	<u>VOC</u>
TPY	1.61

EP/AHO043001095

Tank Emission Calculations

CES Environmental Services
Houston, TX
Estimated Tank Emissions

DATA ENTRY

Tank Identification			OT-1	OT-2	OT-3	OT-4	OT-5	OT-6	OT-7	OT-8	OT-9	OT-10	FO-1	Sulfuric Acid Tank	Emulsion Breaker Tank	Centrifuge
EPN			OT-1	OT-2	OT-3	OT-4	OT-5	OT-6	OT-7	OT-8	OT-9	OT-10	FO-1	ST-1	ET-1	SV-1
Material Stored			Base Oil/Water	Base Oil/Water	Base Oil/Water	Base Oil/Water	Oil/Water	Base Oil/Water	Oil/Water	Oil/Water	CES Fuel/Water	Base Oil/Water	Oil/Water	Sulfuric Acid	Emulsion Breaker	Oil/Water
Tank Capacity	Vol., gallons		16,800	16,800	16,800	16,800	16,800	16,800	16,800	16,800	16,800	16,800	7,518	4,000	270	16,800
Throughput	gallons		325,609	325,609	976,827	488,413	6,736,865	325,609	3,368,433	3,368,433	0	976,827	6,736,865	20,000	250	6,736,865
Tank Controlled	Yes/No		No	No	No	No	No	No	No	No	No	No	No	No	No	No
Control Efficiency	e, %		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Shell Height	Hs, ft		20.0	20.0	20.0	20.0	20.0	20.0	20.0	20.0	20.0	20.0	20.0	20.0	20.0	20.0
Shell Length	Ls, ft		12.0	12.0	12.0	12.0	12.0	12.0	12.0	12.0	12.0	7.0	8.0	12.0	12.0	12.0
Orientation	Vertical=1/Horizontal=2		1	1	1	1	1	1	1	1	1	2	1	1	1	1
Fill Rate	gallons/hr		3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	4,000	250	3,000
Molecular Weight, lb/lb-mole			150.000	150.000	150.000	150.000	150.000	150.000	150.000	150.000	85.985	150.000	150.000	98.073	95.086	150.000
Vapor Pressure @ Tln, psia	526.90	R	0.0100	0.0100	0.0100	0.0100	0.0100	0.0100	0.0100	0.0100	0.9521	0.0100	0.0100	3.82E-06	0.0808	0.0100
Vapor Pressure @ Tla, psia	537.23	R	0.0100	0.0100	0.0100	0.0100	0.0100	0.0100	0.0100	0.0100	1.2287	0.0100	0.0100	7.17E-06	0.1122	0.0100
Vapor Pressure @ Tlx, psia	547.57	R	0.0100	0.0100	0.0100	0.0100	0.0100	0.0100	0.0100	0.0100	1.5720	0.0100	0.0100	1.31E-05	0.1534	0.0100
Max. Vapor Pressure @ Tlx, psia	567.80	R	0.0100	0.0100	0.0100	0.0100	0.0100	0.0100	0.0100	0.0100	2.4866	0.0100	0.0100	4.02E-05	0.2729	0.0100

ESTIMATED EMISSIONS

Maximum Hourly Losses	Lm, lb/hr		0.107	0.107	0.073	0.107	0.026	0.107	0.034	0.034	1.498	0.073	0.021	0.000	0.154	0.026
Standing Losses	Ls, lb/yr		8.32	8.32	8.32	8.32	8.32	8.32	8.32	8.32	546.78	10.32	3.68	0.00	56.72	8.32
Working Losses	Lw, lb/yr		11.63	11.63	23.81	17.44	58.10	11.63	38.05	38.05	0.00	23.81	48.16	0.00	0.06	58.10
Uncontrolled Total Losses	Lt, lb/yr		19.95	19.95	32.13	25.76	66.42	19.95	46.37	46.37	546.78	34.13	51.84	0.00	56.79	66.42
	Lt, ton/yr		0.0100	0.0100	0.0161	0.0129	0.0332	0.0100	0.0232	0.0232	0.2734	0.0171	0.0259	0.0000	0.0284	0.0332
Controlled Total Losses	Lmc, lb/hr		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Ltc, ton/yr		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

PHYSICAL PARAMETER CALCULATIONS

Diameter, D	Effective diameter, De		12.0	12.0	12.0	12.0	12.0	12.0	12.0	12.0	12.0	13.4	8.0	12.0	12.0	12.0
Avg. Liquid Height	Hl, ft		10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0
Max. Liquid Height	Hlx, ft		19.9	19.9	19.9	19.9	19.9	19.9	19.9	19.9	19.9	16.0	20.0	4.7	0.3	19.9
Cone Roof Outage	Hro, ft		0.125	0.125	0.125	0.125	0.125	0.125	0.125	0.125	0.125	0.139	0.083	0.125	0.125	0.125
Vapor Space Outage	Hvo, ft		10.125	10.125	10.125	10.125	10.125	10.125	10.125	10.125	10.125	10.139	10.083	10.125	10.125	10.125
Vapor space volume	Vv, ft^3		1144.53	1144.53	1144.53	1144.53	1144.53	1144.53	1144.53	1144.53	1144.53	1419.48	506.59	1144.53	1144.53	1144.53
Breather vent pressure setting	Pbp, psig		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.03	0.00	0.00	0.03	0.03	0.00
Breather vent vacuum setting	Pbv, psig		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-0.03	0.00	0.00	-0.03	-0.03	0.00
Gas Constant	R, psia-ft^3/lb mole-R		10.732	10.732	10.732	10.732	10.732	10.732	10.732	10.732	10.732	10.732	10.732	10.732	10.732	10.732
Vapor Density	Wv, lb/ft^3		0.0003	0.0003	0.0003	0.0003	0.0003	0.0003	0.0003	0.0003	0.0183	0.0003	0.0003	0.0000	0.0018	0.0003
Daily vapor pressure range	^Pv, psia		0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.6199	0.0000	0.0000	0.0000	0.0726	0.0000
Vapor space expansion factor	Ke		0.077	0.077	0.077	0.077	0.077	0.077	0.077	0.077	0.119	0.077	0.077	0.073	0.078	0.077
Vented vapor saturation factor	Ks		0.995	0.995	0.995	0.995	0.995	0.995	0.995	0.995	0.603	0.995	0.995	1.000	0.943	0.995
Working Loss Product Factor	Kp		1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Net Annual Throughput	Q, bbl/yr		7,752.6	7,752.6	23,257.8	11,628.9	160,401.6	7,752.6	80,200.8	80,200.8	0.0	23,257.8	160,401.6	476.2	6.0	160,401.6
Turnovers	N		19.4	19.4	58.1	29.1	401.0	19.4	200.5	200.5	0.0	58.1	896.1	5.0	0.9	401.0
Turnover factor	Kn		1.00	1.00	0.68	1.00	0.24	1.00	0.32	0.32	1.00	0.68	0.20	1.00	1.00	0.24

MAX. HRLY LOSSES:
Lm = (Lwmax x FR) / (N x Vol)

STANDING LOSSES:
Ls = 365 x Vv x Wv x Ke x Ks

WORKING LOSSES:
Lw = 0.0010 x Mv x Pva x Q x Kn. x Kp
Lwmax = 0.0010 x Mv x Pvx x Q x Kn. x Kp

UNCONTROLLED
TOTAL HOURLY LOSSES: Lt. = (Ls + Lw)
TOTAL ANNUAL LOSSES: Lt. = (Ls + Lw) / 2000 lb/ton

CONTROLLED
TOTAL HOURLY LOSSES: Lt. = (Ls + Lw) x (1-e/100)
TOTAL ANNUAL LOSSES: Lt. = (Ls + Lw) / 2000 lb/ton x (1-e/100)

METEROLOGICAL CALCULATIONS:

Data Location	Houston, TX	ANNUAL	MAX HRLY
Daily avg. liquid surface temp, R	Tla	537.23	554.97
Daily avg. ambient temp, R	Taa	528.25	543.05
Liquid bulk temp, R	Tb	531.33	546.13
Daily solar insulation factor, Btu/ft^2 day	i	1351	1898
Atmospheric pressure, psia	Pa	14.7	14.7
Daily max. ambient temp, R	Tax	539.1	563.6
Daily min. ambient temp, R	Tan	517.4	532.5
Daily vapor temp. range, R	^Tv	41.35	51.33
Daily max. liquid surface temp., R	Tlx	547.57	567.80
Daily min. liquid surface temp., R	Tln	526.90	542.14
Solor absorbance factor	a	0.68	0.68

Notes:
OT-9 loading is vapor balanced, so there are no working losses for that tank.

Loading Emissions

TRANSPORT VESSEL LOADING

From AP-42 Chapter 5

LL = 12.46 SPM/T lb/1000 gal

S = Saturation Factor = 0.6

P = Vapor Pressure = 0.01 psia

M = Molecular Weight = 150 lb/lbmole

T = Temperature = 660 R

LL = 0.0170 lb/1000 gal

Maximum Load Rate 3000.0000 gal/hr

Annual Throughput 7,713,692.27 gal/yr

Oil Loading Emissions = 0.0510 lb/hr 0.0655 tpy

Loading and unloading of light ends is vapor balanced and therefore does not generate emissions.

Before being disconnected the loading hose is blown into the truck/railcar with nitrogen, leaving only residual liquid clingage on the walls of the hose. It is conservatively assumed that all of the residual material in the line evaporates.

TRANSFER LINE DISCONNECTING - VOC

EPN - OL-1

Product	Clingage Factor (bbl/1000 ft2)	Product Volume (gal)	Density (lb/gal)	Clingage Mass in Line (lb)	Vapor Pressure (psia)	MW (lb/lbmole)	Vapor Mass in Line (lb)	VOC Emissions (lb/hr)	Loads (year)	VOC Emissions (TPY)
Oil	0.0015	0.00237	8.5	0.0202	0.01	150	2.18E-07	0.0202	1286	0.0130
Max. VOC								0.0202		0.0130

Notes:

- Volume Product = Line Surface Area (3.14 x D x L) x Clingage Factor x 42 gal/bbl / 1000
- Clingage Factor from AP-42 Chapter 7.
- Mass in Line = (Product Volume x Density)

Line Dimensions:

L 6 ft
D 2 in
Line Volume (V) 0.13 cu ft
Line Area (A) 37.68 sq ft
Where $V = \pi \cdot r^2 \cdot L$

Fugitive Emissions

Basis Information:

COMPONENTS	Gas/Vapor Components	Light Liquid Components	Heavy Liquid Components	Estimated Fugitive Emissions Lights		Estimated Fugitive Emissions Heavies	
	(comp.)	(comp.)	(comp.)	lb/hr	ton/yr	lb/hr	ton/yr
VALVES	0	5	70	0.0005	0.0023	0.0343	0.1502
FLANGES	0	15	210	0.0053	0.0230	0.0103	0.0451
PUMP SEALS	0	1	9	0.0027	0.0118	0.1014	0.4443
OPEN ENDED LINES	0	0	0	0.0000	0.0000	0.0000	0.0000
DRAINS	0	0	0	0.0000	0.0000	0.0000	0.0000
RELIEF VALVES	0	1	0	0.0069	0.0301	0.0000	0.0000
SAMPLE CONNECTIONS*	0	0	0	0.0000	0.0000	0.0000	0.0000
TOTAL	0	22	289	0.0154	0.0673	0.1460	0.6396

Component Emission Factors

Component	Gas/Vapor Factor (lb/hr/comp)	28 M % Reduction (%)	Light Liquid Factor (lb/hr/comp)	28 M % Reduction (%)	Heavy Liquid Factor (lb/hr/comp)	28 M % Reduction (%)
VALVES	0.0089	97.0	0.0035	97.0	0.0007	30.0
FLANGES	0.0029	97.0	0.0005	30.0	0.00007	30.0
PUMP SEALS	0.0386	93.0	0.0386	93.0	0.0161	30.0
OPEN ENDED LINES	0.004	100.0	0.004	75.0	0.004	100.0
DRAINS	0.004	97.0	0.0027	97.0	0.0027	30.0
RELIEF VALVES	0.2293	97.0	0.2293	97.0	0.2293	30.0
SAMPLE CONNECTIONS*	0.0330	97.0	0.0000	97.0	0.0000	30.0

Emission Factors from TCEQ guidance document on equipment leaks.

Includes Flange Monitoring

* Sample connections are capped or blinded.

Fugitive Emissions

Speciation

Name	Max. Liquid wt frac.	Emissions	
		lb/hr	ton/yr
Oil	1.00	0.1460	0.6396

- 1) Composition is based on worst case weight fraction for each component to allow for variation.
- 2) Relief valves on oil tanks are accounted for by setting the tank vent settings to zero in the tank emission calculations.

CES ENVIRONMENTAL SERVICES
Oily Water 2008 YTD
6,677,549 G

Generator	Job #	Job Date	Description	Qty	P
Atlantic Industrial Services (Shreveport)	55816	01/02/08	Recycle-Oily Water	50,040	P
Enviro Solutions - Baytown	55913	01/02/08		12,510	P
Ethyl Corporation	55916	01/02/08	Recycle-Oily Water	389,978	P
Ethyl Corporation	55387	01/02/08	Recycle-Oily Water	50,680	P
Lubrizol-Deer Park	55811	01/02/08	Recycle	34,326	P
KMTEx	55877	01/03/08	Recycle-Oily Water	43,380	P
KMTEx	55878	01/03/08	Recycle-Oily Water	46,840	P
Lubrizol-Deer Park	55813	01/03/08	Recycle	39,760	P
Lubrizol-Deer Park	55812	01/03/08	Recycle	31,620	P
Lubrizol-Deer Park	55815	01/04/08	Recycle	28,600	P
OEM	55939	01/04/08	Recycle good oil	2,919	P
OEM	55937	01/04/08	Recycle-Used Oil	2,002	P
OEM	55937	01/04/08	Recycle-Used Oil	6,672	P
T3 Energy Services - Cypress	55902	01/04/08	Recycle-Oily Water	25,020	P
Lubrizol-Deer Park	56118	01/06/08	Recycle-H73	48,260	P
Enviro Solutions - Baytown	56175	01/07/08		10,008	P
Farouk Systems	56126	01/07/08	CESQ2192	41,700	P
Hydril HHP	56108	01/07/08	recycle	25,020	P
Lubrizol-Deer Park	55819	01/07/08	Recycle	38,360	P
Lubrizol-Deer Park	55820	01/07/08	Recycle	35,260	P
NOV Drilling Equipment (West Little York)	56076	01/07/08	recycle	1,668	P
Forged Vessel Connections, Inc.	56163	01/08/08	Recycle-Oily Water	20,850	P
Hydril HHP	56124	01/08/08	Recycle-Oily Water	8,340	P
Lubrizol-Deer Park	55821	01/08/08	Recycle	41,420	P
Lubrizol-Deer Park	55822	01/08/08	Recycle	40,740	P
MIC	56171	01/08/08	Recycle-Oily Water	37,530	P
PGI International	56154	01/08/08	Recycle-Oily Water	16,680	P
Select Environmental	57239	01/08/08	Recycle	41,700	P
Elbi	56234	01/09/08	Recycle	4,587	P
Farouk Systems	55714	01/09/08	CESQ2192	29,190	P
Lubrizol-Deer Park	55823	01/09/08	Recycle	32,980	P
Lubrizol-Deer Park	55824	01/09/08	Recycle	33,040	P
Schlumberger Technology - IPC North	56193	01/09/08	00521191	5,838	P
Schlumberger Technology - IPC North	56192	01/09/08	00521191	8,340	P
Lubrizol-Deer Park	55825	01/10/08	Recycle	34,940	P
Lubrizol-Deer Park	55826	01/10/08	Recycle	32,380	P
NOV Drilling Equipment (Lockwood)	56333	01/10/08	Recycle	13,344	P
Atlantic Industrial Services (Shreveport)	56361	01/11/08	Recycle-Oily Water	50,040	P
Farouk Systems	55967	01/11/08	CESQ2192	50,040	P
Forged Vessel Connections, Inc.	56516	01/11/08	Recycle-Oily Water	45,870	P
Lubrizol-Deer Park	55827	01/11/08	Recycle	30,740	P
Farouk Systems	56365	01/14/08	CESQ2192	25,020	P
Motiva Enterprises	57099	01/15/08		49,840	P
Atlantic Industrial Services	57459	01/16/08	Recycle-Oily Water	600	P
Farouk Systems	56366	01/16/08	CESQ2192	29,190	P
Lubrizol-Deer Park	56692	01/16/08	Recycle	20,100	P
Proler Southwest	56670	01/16/08	Recycle-Oily Water	41,700	P
Select Environmental	57132	01/16/08	Recycle	41,700	P
Atlantic Industrial Services (Shreveport)	56754	01/17/08	Recycle-Oily Water	50,040	P
Commercial Metals	56809	01/17/08	Recycle-Oily Water	25,020	P
Enviro Solutions - Baytown	57134	01/17/08		4,170	P

Lubrizol-Deer Park	56655	01/17/08	Recycle	40,380	P
Lubrizol-Deer Park	56656	01/17/08	Recycle	34,420	P
OEM	56797	01/17/08	Recycle-Oily Water	8,340	P
Commercial Metals	56810	01/18/08	Recycle-Oily Water	25,020	P
Farouk Systems	56367	01/18/08	CESQ2192	29,190	P
Lubrizol-Deer Park	56653	01/18/08	Recycle	36,780	P
Lubrizol-Deer Park	56654	01/18/08	Recycle	38,600	P
Canrig	56965	01/19/08	recycle	16,680	P
Canrig	56939	01/19/08	Recycle	33,040	P
Lubrizol-Deer Park	56787	01/19/08	Recycle	34,740	P
Lubrizol-Deer Park	56788	01/19/08	Recycle	33,040	P
Enviro Solutions - Baytown	57222	01/21/08		50,040	P
Lubrizol-Deer Park	57011	01/21/08	Recycle	266,250	P
Lubrizol-Deer Park	57010	01/21/08	Recycle	35,100	P
Lubrizol-Deer Park	57078	01/21/08	Recycle-H73	47,660	P
Proler Southwest	57036	01/22/08	Recycle	45,870	P
Ameriforge Corporation	57151	01/23/08	Recycle-Oily Water	39,320	P
Enterprise Products Operating, L.P. [Splitter III]	57247	01/23/08	731191	37,400	P
Enterprise Products Operating, L.P. [Splitter III]	57246	01/23/08	731191	37,300	P
Enviro Solutions - Baytown	57366	01/23/08		25,020	P
Farouk Systems	56833	01/23/08	CESQ2192	33,360	P
Hydril McCarty	57217	01/23/08	Recycle	459	P
Lubrizol-Deer Park	57013	01/23/08	Recycle	35,500	P
Lubrizol-Deer Park	57012	01/23/08	Recycle	36,820	P
OEM	57262	01/23/08	Recycle-Oily Water	10,008	P
Ameriforge Corporation	57301	01/24/08	Recycle-Oily Water	13,650	P
Ameriforge Corporation	57261	01/24/08	Recycle-Oily Water	22,800	P
Atlantic Industrial Services	57460	01/24/08	Recycle-Oily Water	600	P
Enviro Solutions - Baytown	57462	01/24/08		25,020	P
Enviro Solutions - Baytown	57461	01/24/08		10,008	P
Lubrizol-Deer Park	57168	01/24/08	Recycle	35,940	P
Proler Southwest	57232	01/24/08	Recycle	45,870	P
Vetco Gray	57267	01/24/08	Recycle-Oily Water	45,870	P
Farouk Systems	56834	01/25/08	CESQ2192	41,700	P
NOV Rig Solutions Sparesand Service	57378	01/25/08	Recycle	41,733	P
Proler Southwest	57389	01/25/08	Recycle	41,700	P
Proler Southwest	57390	01/25/08	Recycle	37,530	P
Proler Southwest	57388	01/25/08	Recycle	41,700	P
Lubrizol-Deer Park	57213	01/28/08	Recycle	30,060	P
Lubrizol-Deer Park	57212	01/28/08	Recycle	40,697	P
OEM	57530	01/28/08	Recycle-Oily Water	20,016	P
Select Environmental	57639	01/28/08	Recycle	41,700	P
VAM-USA	57426	01/28/08	Recycle-Oily Water	7,506	P
Atlantic Industrial Services (Shreveport)	57557	01/29/08	Recycle	45,870	P
Lubrizol-Deer Park	57553	01/29/08	00012051	36,620	P
Farouk Systems	57305	01/30/08	CESQ2192	45,870	P
Lubrizol-Deer Park	57614	01/30/08	Recycle	35,160	P
Lubrizol-Deer Park	57613	01/30/08	Recycle	37,320	P
Momentum Biofuels	57846	01/30/08	Recycle-Oily Water	50,040	P
VAM-USA	57611	01/30/08	Recycle-Oily Water	8,340	P
Enviro Solutions - Baytown	57939	01/31/08		20,850	P
GATX (Hearne)	57732	01/31/08	Recycle	50,040	P
Lubrizol-Deer Park	57215	01/31/08	Recycle	35,080	P
Lubrizol-Deer Park	57616	01/31/08	Recycle	35,280	P
Lubrizol-Deer Park	57615	01/31/08	Recycle	35,020	P
				<u>3,840,519</u>	
				480,065	G

Enterprise Products Operating, L.P. (Splitter III)	57777	02/01/08	731191	42,480	P
Enterprise Products Operating, L.P. (Splitter III)	57776	02/01/08	731191	41,860	P
Farouk Systems	57306	02/01/08	CESQ2192	41,700	P
Lubrizol-Deer Park	57853	02/01/08	00012051	33,840	P
Proler Southwest	57775	02/01/08	Recycle	41,700	P
Proler Southwest	57774	02/01/08	Recycle	41,700	P
VAM-USA	57743	02/01/08	Recycle-Oily Water	6,672	P
Motiva Enterprises	57995	02/02/08		40,933	P
T3 Energy Services - Cypress	57769	02/02/08	Recycle-Oily Water	25,020	P
Farouk Systems	57780	02/04/08	CESQ2192	33,360	P
Greens Bayou Pipe Mill, LP	57892	02/04/08	Recycle-Oily Water	5,046	P
High Island Petrochemicals	58102	02/04/08	Oily Water	51,783	P
High Island Petrochemicals	58101	02/04/08	Oily Water	49,798	P
Hutchinson-Hayes International, Inc. (East Belt)	57980	02/04/08	Recycle	38,364	P
KMTEx	57962	02/04/08	Recycle-Oily Water	48,920	P
KMTEx	57961	02/04/08	Recycle-Oily Water	48,460	P
LeTourneau Technologies	57933	02/04/08	Recycle-Oily Water	2,294	P
LeTourneau Technologies	57933	02/04/08	Recycle-Oily Water	2,294	P
Lubrizol-Deer Park	58069	02/04/08	Recycle-H73	48,280	P
Momentum Biofuels	58062	02/04/08	Recycle-Oily Water	50,040	P
KMTEx	57964	02/05/08	Recycle-Oily Water	33,180	P
KMTEx	57963	02/05/08	Recycle-Oily Water	43,040	P
Koch Heat Transfer Company, LP	57955	02/05/08	Recycle-Oily Water	6,672	P
Martin Transport	58097	02/05/08	Recycle	4,170	P
Farouk Systems	57781	02/06/08	CESQ2192	29,190	P
Lubrizol-Deer Park	58128	02/06/08	Recycle	35,660	P
Lubrizol-Deer Park	58129	02/06/08	Recycle	32,860	P
Lubrizol-Deer Park	58131	02/07/08	Recycle	36,260	P
Lubrizol-Deer Park	58132	02/07/08	Recycle	36,540	P
Atlantic Industrial Services (Shreveport)	58312	02/08/08	Recycle	51,374	P
Canrig	57148	02/08/08	Recycle	300	P
Farouk Systems	57782	02/08/08	CESQ2192	45,870	P
Lubrizol-Deer Park	58133	02/08/08	Recycle	32,800	P
Lubrizol-Deer Park	58134	02/08/08	Recycle	32,900	P
Momentum Biofuels	58506	02/08/08	Recycle-Oily Water	50,040	P
Proler Southwest	58316	02/08/08	Recycle	41,700	P
Schlumberger Technology - IPC North	58334	02/08/08	00521191	10,842	P
KMCO, Inc.	58360	02/09/08	Recycle-Oily Water	36,360	P
KMCO, Inc.	58359	02/09/08	Recycle-Oily Water	37,480	P
KMCO, Inc.	58361	02/09/08	Recycle-Oily Water	36,780	P
Lubrizol-Deer Park	58136	02/09/08	Recycle	33,780	P
Proler Southwest	58483	02/09/08	Recycle	41,700	P
Proler Southwest	58406	02/09/08	Recycle	15,846	P
Ameriforge Corporation	58445	02/11/08	Recycle-Oily Water	30,024	P
Farouk Systems	58237	02/11/08	CESQ2192	33,360	P
Forged Vessel Connections, Inc.	58494	02/11/08	Recycle-Oily Water	17,514	P
Lubrizol-Deer Park	58135	02/11/08	Recycle	36,920	P
Trinity Railcar Repair, Inc. (Plant #4117)	58423	02/11/08	Recycle	41,700.00	P
Dresser Flow	58543	02/12/08	Recycle-Coolant	41,700	P
Enterprise Products Company	58600	02/12/08	Recycle-Oily Water	12,510	P
Atlantic Industrial Services (Shreveport)	58541	02/13/08	Recycle-Oily Water	50,040	P
Farouk Systems	58238	02/13/08	CESQ2192	37,530	P
Atlantic Industrial Services (Shreveport)	58540	02/14/08	Recycle	50,040	P
Enterprise Products Company	58621	02/14/08	Recycle-Oily Water	47,538	P
Enterprise Products Company	58759	02/14/08	Recycle-Oily Water	46,704	P
Lubrizol-Deer Park	58302	02/14/08	Recycle	36,580	P
Lubrizol-Deer Park	58303	02/14/08	Recycle	36,740	P
Farouk Systems	58239	02/15/08	CESQ2192	33,360	P
Lubrizol-Deer Park	58305	02/15/08	Recycle	34,940	P
Lubrizol-Deer Park	58304	02/15/08	Recycle	40,020	P
Lubrizol-Deer Park	58306	02/16/08	Recycle	45,280	P
Lubrizol-Deer Park	58307	02/16/08	Recycle	48,220	P
Enterprise Products Company	58841	02/18/08	Recycle-Oily Water	41,700	P
Enterprise Products Company	58845	02/18/08	Recycle-Oily Water	41,700	P
Enterprise Products Company	58843	02/18/08	Recycle-Oily Water	45,870	P
Enterprise Products Company	58842	02/18/08	Recycle-Oily Water	45,870	P
Enterprise Products Company	58844	02/18/08	Recycle-Oily Water	41,700	P
Enterprise Products Company	58839	02/18/08	Recycle-Oily Water	41,700	P

Enterprise Products Company	58840	02/18/08	Recycle-Oily Water	46,704	P
Enterprise Products Company	58837	02/18/08	Recycle-Oily Water	41,700	P
Farouk Systems	58692	02/18/08	CESQ2192	41,700	P
Motiva Enterprises	58974	02/18/08		44,552	P
Motiva Enterprises	58979	02/18/08		44,552	P
T3 Energy Services - Cypress	58912	02/18/08	Recycle-Oily Water	25,020	P
Enterprise Products Operating, L.P. (Splitter III)	58922	02/19/08	731191	42,480	P
Enterprise Products Operating, L.P. (Splitter III)	58923	02/19/08	731191	36,850	P
MIC	58928	02/19/08	Recycle-Oily Water	25,687	P
Proler Southwest	58896	02/19/08	Recycle	41,700	P
Ameriforge Corporation	59145	02/20/08	Recycle-Oily Water	1,668	P
Enterprise Products Company	58838	02/20/08	Recycle-Oily Water	29,190	P
Farouk Systems	58693	02/20/08	CESQ2192	25,020	P
NOV Rig Solutions Sparesand Service	59027	02/20/08	Recycle	29,190	P
Proler Southwest	58897	02/20/08	Recycle	41,700	P
Enterprise Products Operating, L.P. (Splitter III)	59153	02/21/08	731191	21,140	P
Enviro Solutions - Baytown	59254	02/21/08		29,190	P
LeTourneau Technologies	58986	02/21/08	Recycle-Oily Water	2,502	P
LeTourneau Technologies	58986	02/21/08	Recycle-Oily Water	2,502	P
Lubrizol-Deer Park	59043	02/21/08	Recycle	37,320	P
Lubrizol-Deer Park	59042	02/21/08	Recycle	39,140	P
NOV Drilling Equipment (Lockwood)	59133	02/21/08	Recycle	29,190	P
Atlantic Industrial Services (Shreveport)	59147	02/22/08	Recycle-Oily Water	41,700	P
Elbi	59016	02/22/08	Recycle	45,870	P
Farouk Systems	58694	02/22/08	CESQ2192	41,700	P
Lubrizol-Deer Park	59103	02/22/08	Recycle	36,960	P
Lubrizol-Deer Park	59104	02/22/08	Recycle	36,140	P
Ameriforge Corporation	59304	02/25/08	Recycle-Oily Water	20,808	P
Atlantic Industrial Services (Shreveport)	59148	02/25/08	Recycle-Oily Water	50,040	P
Farouk Systems	59182	02/25/08	CESQ2192	29,190	P
Lubrizol-Deer Park	59108	02/25/08	Recycle	38,420	P
Lubrizol-Deer Park	59107	02/25/08	Recycle	34,560	P
Proler Southwest	59294	02/25/08	Recycle	41,700	P
Proler Southwest	59292	02/25/08	Recycle	41,700	P
Proler Southwest	59293	02/25/08	Recycle	41,700	P
Atlantic Industrial Services (Shreveport)	59322	02/26/08	Recycle-Oily Water	50,040	P
Lubrizol-Deer Park	59044	02/26/08	Recycle	33,820	P
Lubrizol-Deer Park	59045	02/26/08	Recycle	34,460	P
Atlantic Industrial Services (Shreveport)	59323	02/27/08	Recycle-Oily Water	50,040	P
Ethyl Corporation	59524	02/27/08	Recycle-Oily Water	48,900	P
Farouk Systems	59183	02/27/08	CESQ2192	45,870	P
Lubrizol-Deer Park	59105	02/27/08	Recycle	35,640	P
Lubrizol-Deer Park	59106	02/27/08	Recycle	37,940	P
NOV Rig Solutions Sparesand Service	59466	02/27/08	Recycle	25,020	P
PGI International	59465	02/27/08	Recycle-Oily Water	37,530	P
Enterprise Products Operating, L.P. (Splitter III)	59502	02/28/08	731191	21,574	P
Enviro Solutions - Baytown	59607	02/28/08		23,352	P
Lubrizol-Deer Park	59434	02/28/08	Recycle	37,100	P
Lubrizol-Deer Park	59433	02/28/08	Recycle	38,940	P
Ethyl Corporation	59715	02/29/08	Recycle-Oily Water	50,020	P
Farouk Systems	59184	02/29/08	CESQ2192	41,700	P
KMTEx	59560	02/29/08	Recycle-Oily Water	44,720	P
KMTEx	59567	02/29/08	Recycle-Oily Water	40,280	P
KMTEx	59566	02/29/08	Recycle-Oily Water	38,500	P
Lubrizol-Deer Park	59435	02/29/08	Recycle	33,280	P
Lubrizol-Deer Park	59436	02/29/08	Recycle	32,540	P
				4,379,599	
				547,450	G
Farouk Systems	59575	03/03/08	CESQ2192	41,700	P
IDM	59768	03/03/08	recycle	16,680	P
IDM	59768	03/03/08	recycle	16,680	P
IDM	59768	03/03/08	recycle	16,680	P
IDM	59768	03/03/08	recycle	16,680	P
IDM	59768	03/03/08	recycle	16,680	P
Lubrizol-Deer Park	59511	03/03/08	Recycle	33,980	P
Lubrizol-Deer Park	59510	03/03/08	Recycle	36,380	P
Lubrizol-Deer Park	59513	03/04/08	Recycle	37,120	P
Lubrizol-Deer Park	59512	03/04/08	Recycle	37,360	P
T3 Energy Services - Cypress	59708	03/04/08	Recycle-Oily Water	25,020	P

Ethyl Corporation	59995	03/05/08	Recycle-Oily Water	47,760	P
Farouk Systems	59576	03/05/08	CESQ2192	29,190	P
KMTEx	59800	03/05/08	Recycle-Oily Water	42,620	P
Proler Southwest	59752	03/05/08	Recycle	41,700	P
Proler Southwest	59750	03/05/08	Recycle	41,700	P
KMCO, Inc.	59921	03/06/08	Recycle-Oily Water	38,560	P
KMCO, Inc.	59922	03/06/08	Recycle-Oily Water	38,300	P
KMCO, Inc.	59923	03/06/08	Recycle-Oily Water	38,660	P
Vetco Gray	59931	03/06/08	Recycle-Oily Water	45,870	P
Ameriforge Corporation	60082	03/07/08	Recycle-Oily Water	170,250	P
Farouk Systems	59577	03/07/08	CESQ2192	33,360	P
Lubrizol-Deer Park	60002	03/07/08	Recycle	30,180	P
Lubrizol-Deer Park	60001	03/07/08	Recycle	32,180	P
VAM-USA	60009	03/07/08	Recycle-Oily Water	5,838	P
Lubrizol-Deer Park	60003	03/08/08	Recycle	33,020	P
Lubrizol-Deer Park	60004	03/08/08	Recycle	28,540	P
Farouk Systems	60019	03/10/08	CESQ2192	25,020	P
Lubrizol-Deer Park	60100	03/10/08	Recycle	32,400	P
Lubrizol-Deer Park	60101	03/10/08	Recycle	36,120	P
Martin Transport	60176	03/10/08	Recycle	3,336	P
Dresser Flow	60197	03/11/08	Recycle-Coolant	39,615.00	P
Forged Vessel Connections, Inc.	60180	03/11/08	Recycle-Oily Water	16,680	P
Hutchinson-Hayes International, Inc.(East Belt)	60229	03/11/08	Recycle	41,700	P
Lubrizol-Deer Park	60202	03/11/08	Recycle	37,560	P
Farouk Systems	60020	03/12/08	CESQ2192	29,190	P
Forged Products	60289	03/12/08	Recycle-Oily Water	41,700	P
Forged Products	60290	03/12/08	Recycle-Oily Water	44,202	P
Lubrizol-Deer Park	60204	03/12/08	Recycle	33,380	P
Lubrizol-Deer Park	60203	03/12/08	Recycle	16,259	P
Enviro Solutions - Baytown	60414	03/13/08		12,510	P
LeTourneau Technologies	60374	03/13/08	Recycle-Oily Water	4,170	P
Phoenix Pollution Control	60549	03/13/08	Recycle	16,680	P
Farouk Systems	60021	03/14/08	CESQ2192	25,020	P
Hutchison Hayes International-Baytown	60390	03/14/08	Recycle-Oily Water	45,870	P
Hutchison Hayes International-Baytown	60389	03/14/08	Recycle-Oily Water	45,870	P
Lubrizol-Deer Park	60356	03/14/08	Recycle	35,980	P
Lubrizol-Deer Park	60368	03/14/08	Recycle	37,620	P
Lubrizol-Deer Park	60369	03/14/08	Recycle	37,860	P
Proler Southwest	60288	03/14/08	Recycle	41,700	P
Lubrizol-Deer Park	60371	03/15/08	Recycle	35,340	P
Farouk Systems	60395	03/17/08	CESQ2192	20,850	P
KMTEx	60421	03/17/08	Recycle-Oily Water	32,320	P
KMTEx	60422	03/17/08	Recycle-Oily Water	32,320	P
Crescent Directional Drilling	60452	03/18/08	Recycle	16,680	P
Lubrizol-Deer Park	60568	03/18/08	Recycle-H73	45,520	P
Commercial Metals	60677	03/19/08	Recycle-Oily Water	50,040	P
Farouk Systems	60396	03/19/08	CESQ2192	45,870	P
Motiva Enterprises	60713	03/19/08		44,552	P
T3 Energy Services - Cypress	60680	03/19/08	Recycle-Oily Water	25,020	P
Schlumberger Technology - IPC North	60378	03/20/08	00521191	19,182	P
Lubrizol-Deer Park	60724	03/21/08	Recycle	33,740	P
Lubrizol-Deer Park	60718	03/21/08	Recycle	38,140	P
Lubrizol-Deer Park	60719	03/21/08	Recycle	35,620	P
Lubrizol-Deer Park	60723	03/21/08	Recycle	38,360	P
Lubrizol-Deer Park	60721	03/22/08	Recycle	36,920	P
Lubrizol-Deer Park	60720	03/22/08	Recycle	36,300	P
Lubrizol-Deer Park	60726	03/22/08	Recycle	25,220	P
Lubrizol-Deer Park	60725	03/22/08	Recycle	27,100	P
Proler Southwest	60769	03/22/08	Recycle	50,040	P
Proler Southwest	60771	03/22/08	Recycle	50,040	P
Enviro Solutions - Baytown	60970	03/24/08		5,004	P
Ethyl Corporation	60969	03/24/08	Recycle-Oily Water	49,520	P
Farouk Systems	60732	03/24/08	CESQ2192	41,700	P
KMCO, Inc.	61160	03/24/08	Recycle-Oily Water	36,487	P
KMCO, Inc.	60973	03/24/08	Recycle-Oily Water	41,700	P
Andergauge Drilling Systems	60710	03/25/08	Recycle	25,020	P
NOV (Magnolia)	60902	03/25/08	Recycle	6,672	P
Farouk Systems	60733	03/26/08	CESQ2192	41,700	P
Lubrizol-Deer Park	60984	03/26/08	Recycle	34,260	P

Lubrizol-Deer Park	60983	03/26/08	Recycle	33,580	P
Lubrizol-Deer Park	61120	03/26/08	Recycle-H73	44,660	P
PGI International	60992	03/26/08	Recycle-Oily Water	23,352	P
KMTEx	61051	03/27/08	Recycle-Oily Water	48,280	P
Lubrizol-Deer Park	60986	03/27/08	Recycle	39,980	P
Lubrizol-Deer Park	60985	03/27/08	Recycle	42,060	P
VAM-USA	61060	03/27/08	Recycle-Oily Water	20,850	P
KMTEx	61115	03/28/08	Recycle-Oily Water	45,220	P
Lubrizol-Deer Park	60987	03/28/08	Recycle	36,260	P
Martin Transport	61170	03/28/08	Recycle	4,170	P
Atlantic Industrial Services	61408	03/29/08	Recycle-Oily Water	46,197	P
Forged Vessel Connections, Inc.	60705	03/29/08	Recycle-Oily Water	4,170	P
Lubrizol-Deer Park	60989	03/29/08	Recycle	36,260	P
Enviro Solutions - Baytown	61616	03/31/08		41,700	P
Farouk Systems	61211	03/31/08	CESQ2192	41,700	P
HydriL HHP	61336	03/31/08	recycle	800	P
KMTEx	61052	03/31/08	Recycle-Oily Water	40,220	P
Lubrizol-Deer Park	61095	03/31/08	Recycle	41,520	P
Lubrizol-Deer Park	61096	03/31/08	Recycle	33,940	P
				3,339,286	
				417,411	G
Ethyl Corporation	61603	04/01/08	Recycle-Oily Water	47,340	P
Forged Products	61477	04/01/08	Recycle-Oily Water	40,032	P
KMTEx	61116	04/01/08	Recycle-Oily Water	44,140	P
KMTEx	61114	04/01/08	Recycle-Oily Water	42,000	P
NOV Drilling Equipment (West Little York)	61315	04/01/08	Recycle	200	P
Enviro Solutions - Baytown	61523	04/02/08	RECYCLE	4,170	P
Farouk Systems	61213	04/02/08	CESQ2192	44,202	P
Forged Products	61501	04/02/08	Recycle-Oily Water	10,008	P
KMTEx	61117	04/02/08	Recycle-Oily Water	30,480	P
Lubrizol-Deer Park	61419	04/02/08	Recycle	34,940	P
Lubrizol-Deer Park	61420	04/02/08	Recycle	36,740	P
MIC	61452	04/02/08	Recycle-Oily Water	3,630	P
HydriL HHP	61505	04/03/08	recycle	200	P
HydriL HHP	61637	04/03/08	Recycle-Oily Water	14,178	P
KMTEx	61531	04/03/08	Recycle-Oily Water	37,760	P
Select Environmental	61722	04/03/08	Recycle	46,704	P
Canrig	61624	04/04/08	Recycle	917	P
Farouk Systems	61214	04/04/08	CESQ2192	41,700	P
Canrig	61631	04/05/08	Recycle	33,360	P
Canrig	61632	04/05/08	recycle	12,750	P
Farouk Systems	61636	04/07/08	CESQ2192	20,850	P
Motiva Enterprises	62016	04/07/08		18,348	P
NOV Drilling Equipment (West Little York)	61731	04/07/08	Recycle-Oily Water	45,870	P
Proler Southwest	61732	04/07/08	Recycle	50,040	P
Proler Southwest	61733	04/07/08	Recycle	46,704	P
Select Environmental	61871	04/07/08	Recycle	40,032	P
Select Environmental	61883	04/07/08	Recycle	41,700	P
Proler Southwest	61735	04/08/08	Recycle	50,040	P
Proler Southwest	61734	04/08/08	Recycle	50,040	P
Ameriforge Corporation	61866	04/09/08	Recycle-Oily Water	41,700	P
Farouk Systems	61644	04/09/08	CESQ2192	41,700	P
Forged Vessel Connections, Inc.	61992	04/09/08	Recycle-Oily Water	12,510	P
Motiva Enterprises	62019	04/09/08		20,850	P
Proler Southwest	61902	04/09/08	Recycle	41,700	P
Proler Southwest	61903	04/09/08	Recycle	41,700	P
Ameriforge Corporation	62007	04/10/08	Recycle-Oily Water	43,900	P
KMTEx	62081	04/10/08	Recycle-Oily Water	52,820	P
KMTEx	62082	04/10/08	Recycle-Oily Water	43,260	P
Lubrizol-Deer Park	61925	04/10/08	Recycle	37,720	P
Lubrizol-Deer Park	61926	04/10/08	Recycle	37,100	P
Proler Southwest	62023	04/10/08	Recycle	43,368	P
Dresser Flow	62035	04/11/08	Recycle-Coolant	41,700.00	P
Farouk Systems	61645	04/11/08	CESQ2192	29,190	P
KMTEx	62083	04/11/08	Recycle-Oily Water	39,920	P
KMTEx	62084	04/11/08	Recycle-Oily Water	46,540	P
NOV Drilling Equipment (West Little York)	62040	04/11/08	Recycle	100	P
PGI International	62037	04/11/08	Recycle-Oily Water	25,020	P
T3 Energy Services - Cypress	61623	04/11/08	Recycle-Oily Water	25,020	P

Lubrizol-Deer Park	61927	04/12/08	Recycle	35,500	P
Lubrizol-Deer Park	61928	04/12/08	Recycle	34,280	P
Farouk Systems	62066	04/14/08	CESQ2192	29,190	P
Motiva Enterprises	62341	04/14/08		42,275	P
Proler Southwest	62032	04/14/08	Recycle	45,870	P
Enterprise products Operating LLC-Jacintoport Facility	61959	04/15/08	recyclable	2,502	P
Enterprise Products Operating, L.P. (Splitter III)	62302	04/15/08	731191	30,020	P
Enterprise Products Operating, L.P. (Splitter III)	62303	04/15/08	731191	39,300	P
Enviro Solutions - Baytown	62413	04/15/08		19,182	P
Enviro Solutions - Baytown	62414	04/15/08		10,008	P
KMTEx	62237	04/15/08	Recycle-Oily Water	45,380	P
KMTEx	62236	04/15/08	Recycle-Oily Water	48,880	P
NOV (Magnolia)	62270	04/15/08	Recycle	1,668	P
Enviro Solutions - Baytown	62739	04/16/08		18,348	P
Farouk Systems	62091	04/16/08	CESQ2192	29,190	P
KMTEx	62238	04/16/08	Recycle-Oily Water	42,980	P
LeTourneau Technologies	62385	04/16/08	Recycle-Oily Water	16,680	P
Enterprise Products Operating, L.P. (Splitter III)	62431	04/17/08	731191	35,460	P
KMTEx	62239	04/17/08	Recycle-Oily Water	51,460	P
Farouk Systems	62092	04/18/08	CESQ2192	45,870	P
KMTEx	62520	04/18/08	Recycle-Oily Water	43,260	P
KMTEx	62521	04/18/08	Recycle-Oily Water	42,880	P
Proler Southwest	62537	04/18/08	Recycle	45,870	P
Select Environmental	62678	04/18/08	Recycle	45,870	P
Ethyl Corporation	62737	04/21/08	Recycle-Oily Water	49,780	P
Farouk Systems	62510	04/21/08	CESQ2192	20,850	P
Motiva Enterprises	62735	04/21/08		43,977	P
Select Environmental	62751	04/21/08	Recycle	45,870	P
Enviro Solutions - Baytown	62787	04/22/08		21,684	P
Hutchinson-Hayes International, Inc.(East Belt)	62693	04/22/08	Recycle	40,032	P
KMCO, Inc.	62754	04/22/08	Recycle-Oily Water	24,000	P
KMCO, Inc.	62752	04/22/08	Recycle-Oily Water	34,940	P
Farouk Systems	62511	04/23/08	CESQ2192	30,024	P
KMTEx	62808	04/23/08	Recycle-Oily Water	45,360	P
Koch Heat Transfer Company, LP	62846	04/23/08	Recycle-Oily Water	20,800	P
Proler Southwest	62825	04/23/08	Recycle	41,700	P
Vetco Gray	62781	04/23/08	Recycle-Oily Water	43,368	P
Atlantic Industrial Services (Shreveport)	62870	04/24/08	Recycle-Oily Water	35,320	P
Atlantic Industrial Services (Shreveport)	62869	04/24/08	Recycle-Oily Water	53,209	P
KMTEx	62815	04/24/08	Recycle-Oily Water	45,360	P
KMTEx	62852	04/24/08	Recycle-Oily Water	44,200	P
KMTEx	62851	04/24/08	Recycle-Oily Water	44,840	P
KMTEx	62850	04/24/08	Recycle-Oily Water	41,940	P
KMTEx	62849	04/24/08	Recycle-Oily Water	45,460	P
Enviro Solutions - Baytown	63103	04/25/08		9,174	P
Ethyl Corporation	63081	04/25/08	Recycle-Oily Water	45,420	P
Farouk Systems	62512	04/25/08	CESQ2192	43,368	P
KMTEx	62822	04/25/08	Recycle-Oily Water	38,120	P
KMTEx	62854	04/25/08	Recycle-Oily Water	47,080	P
KMTEx	62853	04/25/08	Recycle-Oily Water	43,760	P
KMTEx	63711	04/25/08	Recycle-Oily Water	46,700	P
NOV Drilling Equipment (Lockwood)	62948	04/25/08	Recycle	12,510	P
NOV Drilling Equipment (West Little York)	62888	04/25/08	Recycle	450	P
Proler Southwest	63100	04/25/08	Recycle	41,700	P
Proler Southwest	63102	04/25/08	Recycle	41,700	P
Lubrizol-Deer Park	63125	04/26/08	Recycle-H73	45,780	P
Atlantic Industrial Services (Shreveport)	62980	04/28/08	Recycle-Oily Water	44,035	P
Farouk Systems	62898	04/28/08	CESQ2192	20,850	P
Hydril HHP	63098	04/28/08	Recycle-Oily Water	12,176	P
T3 Energy Services - Cypress	62953	04/28/08	Recycle-Oily Water	23,352	P
Atlantic Industrial Services (Shreveport)	62981	04/29/08	Recycle-Oily Water	44,035	P
Gulf Coast Oil Recovery	63305	04/29/08	Recycle-Oily Water	41,700	P
Hydril HHP	63145	04/29/08	Recycle-Oily Water	2,502	P
Ameriforge Corporation	63243	04/30/08	Recycle-Oily Water	20,850	P
Farouk Systems	62899	04/30/08	CESQ2192	33,360	P
KMTEx	63246	04/30/08	Recycle-Oily Water	37,620	P
KMTEx	63247	04/30/08	Recycle-Oily Water	35,080	P
LeTourneau Technologies	63312	04/30/08	Recycle-Oily Water	12,510	P
MIC	63274	04/30/08	Recycle-Oily Water	31,650	P

Proler Southwest	63314	04/30/08	Recycle	41,700	P
				3,946,712	493,339 G
IDM	63563	05/01/08	recycle	638	P
IDM	63563	05/01/08	recycle	638	P
IDM	63563	05/01/08	recycle	638	P
IDM	63563	05/01/08	recycle	638	P
IDM	63563	05/01/08	Recycle	876	P
IDM	63563	05/01/08	Recycle	876	P
IDM	63563	05/01/08	Recycle	876	P
IDM	63563	05/01/08	Recycle	876	P
IDM	63563	05/01/08	Recycle	876	P
IDM	63563	05/01/08	recycle	638	P
KMTEX	63248	05/01/08	Recycle-Oily Water	38,520	P
KMTEX	63249	05/01/08	Recycle-Oily Water	39,060	P
Schlumberger Technology - IPC North	63317	05/01/08	00521191	12,510	P
Select Environmental	63461	05/01/08	Recycle	41,700	P
Atlantic Industrial Services (Shreveport)	63414	05/02/08	Recycle-Oily Water	51,374	P
Atlantic Industrial Services (Shreveport)	63415	05/02/08	Recycle-Oily Water	51,374	P
Farouk Systems	62900	05/02/08	CESQ2192	41,700	P
KMTEX	63585	05/02/08	Recycle-Oily Water	35,560	P
Lubrizol-Deer Park	63513	05/02/08	00012051	39,280	P
Proler Southwest	63432	05/02/08	Recycle	41,870	P
Lubrizol-Deer Park	63588	05/04/08	Recycle-H73	43,820	P
Atlantic Industrial Services (Shreveport)	63416	05/05/08	Recycle-Oily Water	51,374	P
Enviro Solutions - Baytown	63641	05/05/08		22,518	P
Ethyl Corporation	63638	05/05/08	Recycle-Oily Water	45,720	P
Ethyl Corporation	63636	05/05/08	Recycle-Oily Water	49,620	P
Farouk Systems	63431	05/05/08	CESQ2192	16,680	P
KMTEX	63357	05/05/08	Recycle-Oily Water	42,320	P
KMTEX	63543	05/05/08	Recycle-Oily Water	37,980	P
KMTEX	63612	05/05/08	Recycle-Oily Water	42,320	P
KMTEX	63544	05/05/08	Recycle-Oily Water	42,000	P
Lubrizol-Deer Park	63531	05/05/08	00012051	20,000	P
Motiva Enterprises	63894	05/05/08		46,837	P
Proler Southwest	63634	05/05/08	Recycle	43,368	P
Proler Southwest	63433	05/05/08	Recycle	45,870	P
Select Environmental	63642	05/05/08	Recycle	41,700	P
Select Environmental	63812	05/05/08	Recycle	47,788	P
VAM-USA	63579	05/05/08	Recycle-Oily Water	10,008	P
Atlantic Industrial Services (Shreveport)	63417	05/06/08	Recycle-Oily Water	44,035	P
Enviro Solutions - Baytown	63687	05/06/08		16,680	P
KMCO, Inc.	63896	05/06/08	Recycle-Oily Water	50,000	P
KMCO, Inc.	63895	05/06/08	Recycle-Oily Water	50,000	P
KMCO, Inc.	63892	05/06/08	Recycle-Oily Water	50,000	P
KMTEX	63545	05/06/08	Recycle-Oily Water	41,100	P
KMTEX	63546	05/06/08	Recycle-Oily Water	43,060	P
Lubrizol-Deer Park	63705	05/06/08	Recycle-H73	48,560	P
NOV Rig Solutions Sparesand Service	63623	05/06/08	Recycle	25,020	P
Proler Southwest	63602	05/06/08	Recycle	41,700	P
Schlumberger Technology - IPC North	63606	05/06/08	00521191	10,842	P
T3 Energy Services - Cypress	63605	05/06/08	Recycle-Oily Water	16,680	P
Burbank Barrel & Drum	63133	05/07/08	Recycle	41,700	P
Proler Southwest	63603	05/07/08	Recycle	45,870	P
GATX (Hearne)	63707	05/08/08	Recycle	25,020	P
LeTourneau Technologies	63777	05/08/08	Recycle-Oily Water	800	P
LeTourneau Technologies	63777	05/08/08	Recycle-Oily Water	1,600	P
Lubrizol-Deer Park	63759	05/08/08	Recycle	35,720	P
Proler Southwest	63708	05/08/08	Recycle	41,700	P
Proler Southwest	63709	05/08/08	Recycle	45,870	P
Select Environmental	64076	05/08/08	Recycle	35,028	P
Select Environmental	63857	05/08/08	Recycle	45,870	P
Atlantic Industrial Services (Shreveport)	63752	05/09/08	Recycle-Oily Water	45,870	P
Atlantic Industrial Services (Shreveport)	63751	05/09/08	Recycle-Oily Water	29,107	P
Enviro Solutions - Baytown	64078	05/09/08		46,370	P
Farouk Systems	63435	05/09/08	CESQ2192	29,190	P
KMTEX	63848	05/09/08	Recycle-Oily Water	53,240	P
Lubrizol-Deer Park	63761	05/09/08	Recycle	36,740	P
Lubrizol-Deer Park	63762	05/09/08	Recycle	14,540	P

PGI International	63881	05/09/08	Recycle-Oily Water	13,344	P
Lubrizol-Deer Park	63866	05/10/08	Recycle	28,700	P
Lubrizol-Deer Park	63867	05/10/08	Recycle	28,140	P
Proler Southwest	63987	05/10/08	Recycle	45,870	P
Atlantic Industrial Services	64101	05/12/08	Recycle-Oily Water	800	P
Enviro Solutions - Baytown	64094	05/12/08		48,372	P
Enviro Solutions - Baytown	64099	05/12/08		50,040	P
Enviro Solutions - Baytown	64098	05/12/08		58,380	P
Enviro Solutions - Baytown	64095	05/12/08		58,380	P
Enviro Solutions - Baytown	64195	05/12/08		50,040	P
Enviro Solutions - Baytown	64194	05/12/08		25,020	P
Farouk Systems	63917	05/12/08	CESQ2192	22,760	P
Hutchinson-Hayes International, Inc.(East Belt)	64038	05/12/08	Recycle	20,850	P
KMTEx	64018	05/12/08	Recycle-Oily Water	43,560	P
KMTEx	64017	05/12/08	Recycle-Oily Water	44,700	P
Lubrizol-Deer Park	64085	05/12/08	Recycle-H73	50,780	P
Proler Southwest	63989	05/12/08	Recycle	41,700	P
Select Environmental	64096	05/12/08	Recycle	45,870	P
Enterprise Products-Wharton Station	64061	05/13/08	Recycle	13,344	P
Hydriil McCarty	64053	05/13/08	Recycle	7,838	P
KMTEx	64040	05/13/08	Recycle-Oily Water	50,880	P
Lubrizol-Deer Park	64070	05/13/08	00012051	38,240	P
Proler Southwest	63990	05/13/08	Recycle	41,700	P
Atlantic Industrial Services (Shreveport)	64149	05/14/08	Recycle-Oily Water	43,577	P
Ethyl Corporation	64283	05/14/08	Recycle-Oily Water	47,020	P
Farouk Systems	63922	05/14/08	CESQ2192	41,700	P
KMTEx	64042	05/14/08	Recycle-Oily Water	51,360	P
Proler Southwest	64145	05/14/08	Recycle	41,700	P
Atlantic Industrial Services (Shreveport)	64150	05/15/08	Recycle-Oily Water	43,577	P
Enterprise Products Operating, L.P. [Splitter III]	64090	05/15/08	731191	34,860	P
Enterprise Products Operating, L.P. [Splitter III]	64089	05/15/08	731191	37,260	P
KMTEx	64043	05/15/08	Recycle-Oily Water	53,040	P
KMTEx	64044	05/15/08	Recycle-Oily Water	52,760	P
Ameriforge Corporation	64221	05/16/08	Recycle-Oily Water	45,870	P
Atlantic Industrial Services (Shreveport)	64151	05/16/08	Recycle-Oily Water	50,457	P
Dresser Flow	64271	05/16/08	Recycle-Coolant	41,700.00	P
Farouk Systems	63923	05/16/08	CESQ2192	33,360	P
KMTEx	64046	05/16/08	Recycle-Oily Water	47,960	P
KMTEx	64045	05/16/08	Recycle-Oily Water	51,020	P
Koch Heat Transfer Company, LP	64225	05/16/08	Recycle-Oily Water	13,344	P
Lubrizol-Deer Park	64299	05/16/08	Recycle	35,220	P
Lubrizol-Deer Park	64200	05/16/08	Recycle	38,820	P
Proler Southwest	64270	05/16/08	Recycle	41,700	P
Select Environmental	64498	05/16/08	Recycle	45,870	P
KMCO, Inc.	64510	05/18/08	Recycle-Oily Water	35,700	P
Lubrizol-Deer Park	64511	05/18/08	Recycle-H73	45,560	P
Farouk Systems	64300	05/19/08	CESQ2192	25,020	P
Houston Marine Services, Inc	64593	05/19/08	Recycle	35,862	P
Lubrizol-Deer Park	64294	05/19/08	Recycle	38,160	P
Lubrizol-Deer Park	64295	05/19/08	Recycle	40,420	P
Proler Southwest	64468	05/19/08	Recycle	41,700	P
Proler Southwest	64467	05/19/08	Recycle	37,500	P
Select Environmental	64528	05/19/08	Recycle	45,870	P
Forged Vessel Connections, Inc.	64523	05/20/08	Recycle-Oily Water	16,680	P
Lubrizol-Deer Park	64580	05/20/08	Recycle	38,900	P
Farouk Systems	64301	05/21/08	CESQ2192	41,700	P
Ameriforge Corporation	64666	05/22/08	Recycle-Oily Water	24,740	P
Atlantic Industrial Services (Shreveport)	64639	05/22/08	Recycle-Oily Water	53,209	P
Atlantic Industrial Services (Shreveport)	64637	05/22/08	Recycle-Oily Water	53,209	P
Canrig	64682	05/22/08	Recycle	41,700	P
Enviro Solutions - Baytown	64725	05/22/08		45,870	P
Fogle Mfg	64654	05/22/08	Recycle	12,510	P
Lubrizol-Deer Park	64675	05/22/08	00012051	38,900	P
NOV Drilling Equipment (West Little York)	64663	05/22/08	Recycle	3,000	P
Atlantic Industrial Services (Shreveport)	64641	05/23/08	Recycle-Oily Water	43,577	P
Atlantic Industrial Services (Shreveport)	64640	05/23/08	Recycle-Oily Water	53,209	P
Elbi	64712	05/23/08	Recycle	1,143	P
Farouk Systems	64302	05/23/08	CESQ2192	44,202	P
Trelleborg CRP, Inc	64833	05/23/08	15271011	12,510	P

Hutchinson-Hayes International, Inc.(East Belt)	64926	05/27/08	Recycle	25,020	P
Lubrizol-Deer Park	64665	05/27/08	Recycle	31,580	P
Proler Southwest	64884	05/27/08	Recycle	45,036	P
Atlantic Industrial Services	64979	05/28/08	Recycle-Oily Water	43,793	P
Atlantic Industrial Services	64978	05/28/08	Recycle-Oily Water	45,945	P
Canrig	64910	05/28/08	recycle	200	P
Enviro Solutions - Baytown	65011	05/28/08		22,518	P
Lubrizol-Deer Park	64664	05/28/08	Recycle	37,600	P
Proler Southwest	64982	05/28/08	Recycle	41,700	P
Proler Southwest	64981	05/28/08	Recycle	41,700	P
Burbank Barrel & Drum	64958	05/29/08	Recycle	41,700	P
KMTEx	65022	05/29/08	Recycle-Oily Water	47,280	P
KMTEx	65021	05/29/08	Recycle-Oily Water	45,780	P
Proler Southwest	64983	05/29/08	Recycle	41,700	P
Atlantic Industrial Services (Shreveport)	65071	05/30/08	Recycle-Oily Water	43,577	P
Burbank Barrel & Drum	64959	05/30/08	Recycle	41,700	P
Farouk Systems	64737	05/30/08	CESQ2192	45,870	P
				5,297,386	
				662,173	G
Ameriforge Corporation	65128	06/02/08	Recycle-Oily Water	38,940	P
Atlantic Industrial Services (Shreveport)	65225	06/02/08	Recycle-Oily Water	45,870	P
Farouk Systems	65084	06/02/08	CESQ2192	37,530	P
Proler Southwest	65210	06/02/08	Recycle	41,700	P
VAM-USA	65211	06/02/08	Recycle	3,200	P
VAM-USA	65220	06/02/08	Recycle-Oily Water	6,172	P
Atlantic Industrial Services (Shreveport)	65226	06/03/08	Recycle-Oily Water	44,035	P
Burbank Barrel & Drum	65249	06/03/08	Recycle	41,700	P
Enterprise Products Operating, L.P. [Splitter III]	65259	06/03/08	731191	39,680	P
Enterprise Products Operating, L.P. [Splitter III]	65258	06/03/08	731191	37,530	P
Enterprise Products Operating, L.P. [Splitter III]	65260	06/03/08	731191	40,400	P
Enviro Solutions - Baytown	65402	06/03/08		45,870	P
Lubrizol-Deer Park	65072	06/03/08	Recycle	37,200	P
Select Environmental	65395	06/03/08	Recycle	50,040	P
T3 Energy Services - Cypress	65126	06/03/08	Recycle-Oily Water	23,352	P
Farouk Systems	65085	06/04/08	CESQ2192	41,700	P
Houston Marine Services, Inc	65428	06/04/08	Recycle	35,862	P
Lubrizol-Deer Park	65076	06/04/08	Recycle	33,740	P
Lubrizol-Deer Park	65074	06/04/08	Recycle	34,380	P
Motiva Enterprises	65413	06/04/08		41,700	P
NOV Drilling Equipment (West Little York)	65299	06/04/08	Recycle	800	P
NOV Drilling Equipment (West Little York)	65299	06/04/08	Recycle	1,000	P
Proler Southwest	65319	06/04/08	Recycle	41,700	P
Select Environmental	65403	06/04/08	Recycle	45,870	P
Crescent Directional Drilling	65122	06/05/08	Recycle	20,850	P
Enviro Solutions - Baytown	65500	06/05/08		50,040	P
Enviro Solutions - Baytown	65541	06/05/08		45,036	P
Enviro Solutions - Baytown	65547	06/05/08		45,036	P
Enviro Solutions - Baytown	65485	06/05/08		50,040	P
KMTEx	65270	06/05/08	Recycle-Oily Water	33,900	P
KMTEx	65269	06/05/08	Recycle-Oily Water	41,920	P
Select Environmental	65514	06/05/08	Recycle	45,870	P
Farouk Systems	65086	06/06/08	CESQ2192	41,700	P
Freedom Oil Recovery	65661	06/06/08	Recycle	16,680	P
Freedom Oil Recovery	65688	06/06/08	Recycle	16,680	P
Freedom Oil Recovery	65684	06/06/08	Recycle	21,684	P
Freedom Oil Recovery	65660	06/06/08	Recycle	21,684	P
Lubrizol-Deer Park	65430	06/06/08	Recycle	31,740	P
Select Environmental	65549	06/06/08	Recycle	45,870	P
Select Environmental	65662	06/06/08	Recycle	41,700	P
Freedom Oil Recovery	65697	06/07/08	Recycle	17,514	P
IDM	65499	06/07/08	recycle	1,668	P
IDM	65499	06/07/08	recycle	1,668	P
IDM	65499	06/07/08	recycle	1,668	P
IDM	65499	06/07/08	recycle	1,668	P
IDM	65499	06/07/08	recycle	1,668	P
Enviro Solutions - Baytown	65746	06/09/08		54,210	P
Enviro Solutions - Baytown	65747	06/09/08		23,352	P
Enviro Solutions - Baytown	65768	06/09/08		54,210	P
Farouk Systems	65447	06/09/08	CESQ2192	41,700	P

IDM	65777	06/09/08	Recycle	700	P
IDM	65777	06/09/08	Recycle	700	P
IDM	65777	06/09/08	Recycle	700	P
IDM	65777	06/09/08	Recycle	700	P
IDM	65777	06/09/08	Recycle	700	P
MIC	65557	06/09/08	Recycle-Oily Water	28,439	P
NOV Drilling Equipment (West Little York)	65461	06/09/08	Recycle-Oily Water	20,850	P
PGI International	65659	06/09/08	Recycle-Oily Water	20,850	P
Proler Southwest	65539	06/09/08	Recycle	41,700	P
Ethyl Corporation	65786	06/10/08	Recycle-Oily Water	50,140	P
KMTEx	65734	06/10/08	Recycle-Oily Water	41,640	P
Ameriforge Corporation	65761	06/11/08	Recycle-Oily Water	41,700	P
Atlantic Industrial Services	65803	06/11/08	Recycle-Oily Water	42,951	P
Dresser Flow	65741	06/11/08	Recycle-Coolant	40,032.00	P
Enviro Solutions - Baytown	65916	06/11/08		50,040	P
Farouk Systems	65448	06/11/08	CESQ2192	41,700	P
Freedom Oil Recovery	65899	06/11/08	Recycle	15,179	P
Proler Southwest	65825	06/11/08	Recycle	41,700	P
Lubrizol-Deer Park	65991	06/12/08	Recycle-H73	46,420	P
Motiva Enterprises	66051	06/12/08		43,835	P
Proler Southwest	65828	06/12/08	Recycle	43,368	P
Enviro Solutions - Baytown	66138	06/13/08		50,040	P
Enviro Solutions - Baytown	66092	06/13/08		49,206	P
Farouk Systems	65449	06/13/08	CESQ2192	41,700	P
Phoenix Pollution Control	66148	06/13/08	Recycle	2,085	P
Triangle Waste Solutions	66102	06/13/08	Recycle	8,340	P
Vetco Gray	65910	06/13/08	Recycle-Oily Water	41,700	P
KMTEx	65981	06/16/08	Recycle-Oily Water	42,340	P
KMTEx	65982	06/16/08	Recycle-Oily Water	37,860	P
Enviro Solutions - Baytown	66255	06/17/08		54,210	P
Enviro Solutions - Baytown	66260	06/17/08	Recycle	25,020	P
Ethyl Corporation	66302	06/17/08	Recycle-Oily Water	43,960	P
Proler Southwest	65827	06/17/08	Recycle	45,870	P
Farouk Systems	65927	06/18/08	CESQ2192	41,700	P
Lubrizol-Deer Park	66180	06/18/08	00012051	33,120	P
Atlantic Industrial Services (Shreveport)	66313	06/19/08	Recycle-Oily Water	43,577	P
Enviro Solutions - Baytown	66474	06/19/08	Recycle	54,210	P
Enviro Solutions - Baytown	66517	06/19/08	Recycle	46,704	P
Proler Southwest	66285	06/19/08	Recycle	41,700	P
Proler Southwest	66284	06/19/08	Recycle	41,700	P
T3 Energy Services - Cypress	66235	06/19/08	Recycle-Oily Water	16,680	P
VAM-USA	66272	06/19/08	Recycle	800	P
VAM-USA	66173	06/19/08	Recycle-Oily Water	5,421	P
Ameriforge Corporation	66505	06/20/08	Recycle-Oily Water	33,360	P
Enviro Solutions - Baytown	66674	06/20/08	Recycle	18,348	P
Enviro Solutions - Baytown	66551	06/20/08	Recycle	3,753	P
Farouk Systems	65928	06/20/08	CESQ2192	41,700	P
Motiva Enterprises	66574	06/20/08		41,250	P
NOV Rig Solutions Sparesand Service	66383	06/20/08	Recycle	25,020	P
KMCO, Inc.	66579	06/21/08	Recycle-Oily Water	30,380	P
Farouk Systems	66333	06/23/08	CESQ2192	17,556	P
Hutchinson-Hayes International, Inc.(East Belt)	66529	06/23/08	Recycle	20,850	P
Proler Southwest	66533	06/23/08	Recycle	41,700	P
Select Environmental	66609	06/23/08	Recycle	41,700	P
Select Environmental	66639	06/23/08	Recycle	41,700	P
Select Environmental	66583	06/23/08	Recycle	41,700	P
Atlantic Industrial Services	66721	06/24/08	Recycle-Oily Water	600	P
Burbank Barrel & Drum	66635	06/24/08	Recycle	33,360	P
Enviro Solutions - Baytown	66669	06/24/08	Recycle	23,352	P
Forged Vessel Connections, Inc.	66585	06/24/08	Recycle-Oily Water	12,510	P
Martin Transport	66700	06/24/08	Product	41,568	P
Martin Transport	66648	06/24/08	Recycle-good oil	52,000	P
Proler Southwest	66671	06/24/08	Recycle	41,700	P
Proler Southwest	66670	06/24/08	Recycle	41,700	P
Farouk Systems	66334	06/25/08	CESQ2192	41,700	P
NOV Drilling Equipment (West Little York)	66698	06/25/08	Recycle-Oily Water	16,680	P
Phoenix Pollution Control	66818	06/25/08	Recycle	5,842	P
Schlumberger Technology - IPC North	66535	06/25/08	Recycle	16,680	P
Enviro Solutions - Baytown	66840	06/26/08	Recycle	23,352	P

KMTEx	66687	06/26/08	Recycle-Oily Water	42,400	P
KMTEx	66688	06/26/08	Recycle-Oily Water	39,920	P
Lubrizol-Deer Park	66693	06/26/08	00012051	32,140	P
Motiva Enterprises	66873	06/26/08		43,802	P
NOV Drilling Equipment (Lockwood)	66740	06/26/08	Recycle	16,680	P
Dresser Flow	66854	06/27/08	Recycle-Coolant	41,700.00	P
Enviro Solutions - Baytown	67045	06/27/08	Recycle	15,846	P
Farouk Systems	66335	06/27/08	CESQ2192	41,700	P
Lubrizol-Deer Park	66843	06/27/08	Recycle	38,340	P
NuStar Terminals Partner TX L.P.	66838	06/27/08	00282051	28,000	P
Phoenix Pollution Control	67032	06/27/08	Recycle	25,020	P
Phoenix Pollution Control	67060	06/27/08	Recycle	25,020	P
Phoenix Pollution Control	67109	06/27/08	Recycle	25,020	P
Phoenix Pollution Control	66967	06/27/08	Recycle	25,020	P
Phoenix Pollution Control	67111	06/27/08	Recycle	25,020	P
Phoenix Pollution Control	67112	06/27/08	Recycle	25,020	P
Proler Southwest	66769	06/27/08	Recycle	41,700	P
Phoenix Pollution Control	67113	06/28/08	Recycle	25,020	P
Atlantic Industrial Services	67100	06/30/08	Recycle-Oily Water	1,751	P
Ethyl Corporation	67064	06/30/08	Recycle-Oily Water	50,680	P
Farouk Systems	66876	06/30/08	CESQ2192	41,700	P
Freedom Oil Recovery	67118	06/30/08	Recycle	5,004	P
Greens Bayou Pipe Mill, LP	67033	06/30/08	Recycle-Oily Water	37,530	P
				4,405,808	
				550,726	G
Atlantic Industrial Services	67201	07/01/08	Recycle-Oily Water	400	P
Ethyl Corporation	67165	07/01/08	Recycle-Oily Water	46,200	P
GATX (Hearne)	66997	07/01/08	Recycle	40,000	P
LeTourneau Technologies	67090	07/01/08	Recycle-Oily Water	23,352	P
Lubrizol-Deer Park	66844	07/01/08	Recycle	36,680	P
Proler Southwest	67067	07/01/08	Recycle	41,700	P
Proler Southwest	67068	07/01/08	Recycle	41,700	P
Enviro Solutions - Baytown	67285	07/02/08	Recycle	47,988	P
Enviro Solutions - Baytown	67308	07/02/08	Recycle	47,138	P
Ethyl Corporation	67310	07/02/08	Recycle-Oily Water	51,240	P
Farouk Systems	66877	07/02/08	CESQ2192	41,700	P
GSF Energy, LLC	67141	07/02/08	Recycle	25,020	P
GSF Energy, LLC	67236	07/02/08	Recycle	13,344	P
Select Environmental	67287	07/02/08	Recycle	41,700	P
Enviro Solutions - Baytown	67366	07/03/08	Recycle	48,380	P
Enviro Solutions - Baytown	67324	07/03/08	Recycle	17,514	P
Enviro Solutions - Baytown	67328	07/03/08	Recycle	46,420	P
Proler Southwest	67296	07/03/08	Recycle	41,700	P
Proler Southwest	67069	07/03/08	Recycle	45,870	P
Select Environmental	67353	07/03/08	Recycle	45,870	P
Select Environmental	67323	07/03/08	Recycle	41,700	P
Enviro Solutions - Baytown	67575	07/07/08	Recycle	55,878	P
Farouk Systems	67248	07/07/08	CESQ2192	33,360	P
Lubrizol-Deer Park	67370	07/07/08	Recycle	41,680	P
NOV Rig Solutions Sparesand Service	67237	07/07/08	Recycle	25,020	P
NuStar Terminals Partner TX L.P.	67602	07/07/08	00282051	45,870	P
Proler Southwest	67527	07/07/08	Recycle	44,202	P
Burbank Barrel & Drum	67501	07/08/08	Recycle	41,700	P
Enviro Solutions - Baytown	67624	07/08/08	Recycle	50,040	P
Lubrizol-Deer Park	67371	07/08/08	Recycle	39,300	P
Motiva Enterprises	67631	07/08/08		5,830	P
Proler Southwest	67528	07/08/08	Recycle	41,700	P
Select Environmental	67622	07/08/08	Recycle	45,870	P
Select Environmental	67639	07/08/08	Recycle	41,700	P
Select Environmental	67603	07/08/08	Recycle	46,704	P
Atlantic Industrial Services	67694	07/09/08	Recycle-Oily Water	4,587	P
Farouk Systems	67249	07/09/08	CESQ2192	37,530	P
KMTEx	67589	07/09/08	Recycle-Oily Water	35,240	P
KMTEx	67590	07/09/08	Recycle-Oily Water	39,780	P
Lubrizol-Deer Park	67686	07/10/08	Recycle	33,360	P
Lubrizol-Deer Park	67685	07/10/08	Recycle	35,540	P
Lubrizol-Deer Park	67386	07/10/08	Recycle	42,560	P
Lubrizol-Deer Park	67383	07/10/08	Recycle	39,240	P
NOV Drilling Equipment (West Little York)	67698	07/10/08	Recycle	1,125	P

NOV Drilling Equipment (West Little York)	67750	07/10/08	recycle	6,320	P
NOV Drilling Equipment (West Little York)	67698	07/10/08	Recycle	3,000	P
Proler Southwest	67696	07/10/08	Recycle	41,700	P
Proler Southwest	67697	07/10/08	Recycle	41,700	P
Select Environmental	67818	07/10/08	Recycle	41,700	P
Enviro Solutions - Baytown	67995	07/11/08	Recycle	45,870	P
Enviro Solutions - Baytown	67965	07/11/08	Recycle	48,372	P
Enviro Solutions - Baytown	68004	07/11/08	Recycle	45,870	P
Enviro Solutions - Baytown	68003	07/11/08	Recycle	43,785	P
Farouk Systems	67250	07/11/08	CESQ2192	33,360	P
KMTEx	67592	07/11/08	Recycle-Oily Water	49,700	P
Lubrizol-Deer Park	67385	07/11/08	Recycle	40,180	P
Proler Southwest	67795	07/12/08	Recycle	45,870	P
Enviro Solutions - Baytown	68059	07/14/08	Recycle	54,210	P
Enviro Solutions - Baytown	68081	07/14/08	Recycle	58,380	P
Ethyl Corporation	68039	07/14/08	Recycle-Oily Water	48,060	P
Green Hunter Biofuels	68061	07/14/08	Recycle - Oily Water	25,020	P
NuStar Terminals Partner TX L.P.	67873	07/14/08	00282051	45,870	P
Select Environmental	68034	07/14/08	Recycle	41,700	P
Ameriforge Corporation	68090	07/15/08	Recycle-Oily Water	45,870	P
Enviro Solutions - Baytown	68123	07/15/08	Recycle	54,210	P
Enviro Solutions - Baytown	68145	07/15/08	Recycle	20,850	P
Enviro Solutions - Baytown	68144	07/15/08	Recycle	24,186	P
Farouk Systems	67808	07/15/08	CESQ2192	41,700	P
Hutchinson-Hayes International, Inc.(East Belt)	68102	07/15/08	Recycle	41,700	P
NOV Drilling Equipment (Lockwood)	68048	07/15/08	Recycle	10,842	P
Proler Southwest	68011	07/15/08	Recycle	45,870	P
T3 Energy Services - Cypress	68012	07/15/08	Recycle-Oily Water	25,020	P
Enviro Solutions - Baytown	68175	07/16/08	Recycle	24,186	P
KMCO, Inc.	68119	07/16/08	Recycle-Oily Water	43,020	P
KMCO, Inc.	68120	07/16/08	Recycle-Oily Water	41,200	P
Lubrizol-Deer Park	68076	07/16/08	Recycle	37,440	P
Proler Southwest	68079	07/16/08	Recycle	41,700	P
Select Environmental	68162	07/16/08	Recycle	45,036	P
Enviro Solutions - Baytown	68393	07/17/08	Recycle	16,680	P
Enviro Solutions - Baytown	68392	07/17/08	Recycle	25,020	P
Lubrizol-Deer Park	68077	07/17/08	Recycle	33,240	P
Burbank Barrel & Drum	68098	07/18/08	Recycle	41,700	P
Farouk Systems	67809	07/18/08	CESQ2192	41,700	P
Lubrizol-Deer Park	68401	07/18/08	00012051	36,220	P
Lubrizol-Deer Park	68208	07/18/08	Recycle	33,560	P
Lubrizol-Deer Park	68209	07/18/08	Recycle	34,860	P
Motiva Enterprises	68472	07/18/08		46,837	P
PGI International	68341	07/18/08	Recycle-Oily Water	25,020	P
Proler Southwest	68146	07/18/08	Recycle	41,700	P
VAM-USA	68205	07/18/08	Recycle-Oily Water	7,506	P
Proler Southwest	68453	07/21/08	Recycle	41,700	P
Select Environmental	68485	07/21/08	Recycle	45,870	P
Century Asphalt (Rosenberg)	68567	07/22/08	Recycle	41,700	P
Farouk Systems	68262	07/22/08	CESQ2192	41,700	P
MIC	68520	07/22/08	Recycle-Oily Water	25,020	P
NOV Drilling Equipment (West Little York)	68476	07/22/08	Recycle-Oily Water	14,178	P
Ameriforge Corporation	68569	07/23/08	Recycle-Oily Water	37,530	P
Houston Marine Services, Inc	68672	07/23/08	Recycle	38,700	P
KMTEx	68603	07/23/08	Recycle-Oily Water	344,598	P
KMTEx	68601	07/23/08	Recycle-Oily Water	44,060	P
Lubrizol-Deer Park	68610	07/23/08	Recycle	27,640	P
Lubrizol-Deer Park	68580	07/23/08	Recycle	46,260	P
Lubrizol-Deer Park	68612	07/23/08	Recycle	27,720	P
Atlantic Industrial Services	68814	07/24/08	Recycle-Oily Water	600	P
Enviro Solutions - Baytown	68800	07/24/08	Recycle	25,020	P
KMTEx	68604	07/24/08	Recycle-Oily Water	39,020	P
KMTEx	68602	07/24/08	Recycle-Oily Water	34,020	P
Lubrizol-Deer Park	68579	07/24/08	Recycle	32,120	P
Lubrizol-Deer Park	68613	07/24/08	Recycle	29,140	P
Lubrizol-Deer Park	68611	07/24/08	Recycle	38,160	P
Lubrizol-Deer Park	68614	07/24/08	Recycle	30,460	P
Lubrizol-Deer Park	68792	07/24/08	Recycle-H73	47,340	P
Proler Southwest	68655	07/24/08	Recycle	41,700	P

Select Environmental	68806	07/24/08	Recycle	41,700	P
Dresser Flow	68706	07/25/08	Recycle-Coolant	41,700.00	P
Farouk Systems	68263	07/25/08	CESQ2192	41,700	P
Lubrizol-Deer Park	68615	07/25/08	Recycle	29,060	P
Lubrizol-Deer Park	68616	07/25/08	Recycle	37,600	P
Proler Southwest	68657	07/25/08	Recycle	41,700	P
Proler Southwest	68656	07/25/08	Recycle	41,700	P
Canrig	68839	07/26/08	Recycle	41,700	P
Canrig	68840	07/26/08	recycle	23,352	P
NOV Rig Solutions Sparesand Service	68871	07/26/08	Recycle	21,684	P
Ameriforge Corporation	68982	07/28/08	Recycle-Oily Water	41,560	P
Atlantic Industrial Services	69047	07/28/08	Recycle-Oily Water	15,462	P
Atlantic Industrial Services	69045	07/28/08	Recycle-Oily Water	20,616	P
Enviro Solutions - Baytown	69015	07/28/08	Recycle	23,352	P
Farouk Systems	68944	07/28/08	CESQ2192	41,700	P
Forged Vessel Connections, Inc.	68959	07/28/08	Recycle-Oily Water	2,085	P
Lubrizol-Deer Park	69048	07/28/08	Recycle	23,920	P
Lubrizol-Deer Park	68897	07/28/08	Recycle	30,740	P
Ameriforge Corporation	68998	07/29/08	Recycle-Oily Water	45,870	P
Enviro Solutions - Baytown	69164	07/29/08	Recycle	46,704	P
Enviro Solutions - Baytown	69238	07/29/08	Recycle	45,870	P
Enviro Solutions - Baytown	69251	07/29/08	Recycle	46,704	P
Enviro Solutions - Baytown	69252	07/29/08	Recycle	50,040	P
Farouk Systems	68692	07/29/08	CESQ2192	41,700	P
Houston Marine Services, Inc	69239	07/29/08	Recycle	35,862	P
Lubrizol-Deer Park	68901	07/29/08	Recycle	28,660	P
Lubrizol-Deer Park	68909	07/29/08	Recycle	30,220	P
Lubrizol-Deer Park	68908	07/29/08	Recycle	32,040	P
Motiva Enterprises	69253	07/29/08		45,470	P
Ameriforge Corporation	68994	07/30/08	Recycle-Oily Water	37,530	P
Enviro Solutions - Baytown	69297	07/30/08	Recycle	35,862	P
Lubrizol-Deer Park	68903	07/30/08	Recycle	37,800	P
Lubrizol-Deer Park	68902	07/30/08	Recycle	41,800	P
Lubrizol-Deer Park	68911	07/30/08	Recycle	39,860	P
Lubrizol-Deer Park	68910	07/30/08	Recycle	43,320	P
NOV Drilling Equipment (West Little York)	69038	07/30/08	Recycle	1,000	P
Proler Southwest	69046	07/30/08	Recycle	50,040	P
Enviro Solutions - Baytown	69407	07/31/08	Recycle	50,040	P
Lubrizol-Deer Park	69159	07/31/08	Recycle	36,300	P
Lubrizol-Deer Park	69160	07/31/08	Recycle	45,200	P
Lubrizol-Deer Park	68904	07/31/08	Recycle	47,320	P
Lubrizol-Deer Park	68905	07/31/08	Recycle	41,980	P
Lubrizol-Deer Park	68913	07/31/08	Recycle	37,680	P
Lubrizol-Deer Park	68912	07/31/08	Recycle	45,320	P
Trinity Railcar Repair, Inc. (Plant #4117)	69055	07/31/08	Recycle	33,360	P
				6,030,111	
				753,764	G
Enviro Solutions - Baytown	69497	08/01/08	Recycle	46,704	P
Enviro Solutions - Baytown	69439	08/01/08	Recycle	46,704	P
Enviro Solutions - Baytown	69435	08/01/08	Recycle	45,870	P
Farouk Systems	68693	08/01/08	CESQ2192	43,368	P
Lubrizol-Deer Park	69189	08/01/08	Recycle	25,420	P
Lubrizol-Deer Park	68906	08/01/08	Recycle	45,300	P
Lubrizol-Deer Park	69190	08/01/08	Recycle	36,940	P
Lubrizol-Deer Park	68907	08/01/08	Recycle	42,480	P
Lubrizol-Deer Park	68916	08/01/08	Recycle	37,920	P
Lubrizol-Deer Park	68914	08/01/08	Recycle	36,780	P
NOV (Magnolia)	69272	08/01/08	Recycle	20,850	P
Select Environmental	69470	08/01/08	Recycle	50,040	P
Select Environmental	69441	08/01/08	Recycle	48,372	P
Select Environmental	69451	08/01/08	Recycle	45,870	P
Select Environmental	69458	08/01/08	Recycle	45,870	P
T3 Energy Services - Cypress	69273	08/01/08	Recycle-Oily Water	25,020	P
Enviro Solutions - Baytown	69511	08/02/08	Recycle	45,870	P
Lubrizol-Deer Park	69191	08/02/08	Recycle	33,160	P
Lubrizol-Deer Park	69192	08/02/08	Recycle	34,620	P
Lubrizol-Deer Park	69194	08/02/08	Recycle	34,320	P
Lubrizol-Deer Park	69193	08/02/08	Recycle	41,920	P
Lubrizol-Deer Park	69195	08/02/08	Recycle	45,880	P

Proler Southwest	69510	08/02/08	Recycle	41,700	P
Proler Southwest	69509	08/02/08	Recycle	41,700	P
Atlantic Industrial Services	69528	08/04/08	Recycle-Oily Water	900	P
Enviro Solutions - Baytown	69522	08/04/08	Recycle	46,704	P
Enviro Solutions - Baytown	69568	08/04/08	Recycle	46,704	P
Lubrizol-Deer Park	69227	08/04/08	Recycle	43,400	P
Lubrizol-Deer Park	69221	08/04/08	Recycle	43,720	P
Lubrizol-Deer Park	69209	08/04/08	Recycle	36,960	P
Lubrizol-Deer Park	69215	08/04/08	Recycle	47,700	P
NuStar Terminals Partner TX L.P.	69298	08/04/08	00282051	41,700	P
Select Environmental	69518	08/04/08	Recycle	45,870	P
KMTEx	69552	08/05/08	Recycle-Oily Water	45,000	P
KMTEx	69550	08/05/08	Recycle-Oily Water	45,000	P
Proler Southwest	69558	08/05/08	Recycle	41,700	P
Proler Southwest	69560	08/05/08	Recycle	41,700	P
Proler Southwest	69527	08/05/08	Recycle	41,700	P
Select Environmental	69599	08/05/08	Recycle	45,870	P
Select Environmental	69609	08/05/08	Recycle	45,870	P
Commercial Metals	69556	08/06/08	Recycle-Oily Water	41,700	P
Commercial Metals	69555	08/06/08	Recycle-Oily Water	41,700	P
Enviro Solutions - Baytown	69697	08/06/08	Recycle	54,210	P
Enviro Solutions - Baytown	69731	08/06/08	Recycle	52,542	P
KMTEx	69551	08/06/08	Recycle-Oily Water	40,420	P
Lubrizol-Deer Park	69229	08/06/08	Recycle	38,040	P
Lubrizol-Deer Park	69311	08/06/08	Recycle	43,020	P
Lubrizol-Deer Park	69312	08/06/08	Recycle	39,500	P
Lubrizol-Deer Park	69211	08/06/08	Recycle	32,340	P
Proler Southwest	69559	08/06/08	Recycle	42,534	P
Proler Southwest	69682	08/06/08	Recycle	41,700	P
Affordable Environmental Services	69814	08/07/08	Recycle	22,935	P
Ameriforge Corporation	69681	08/07/08	Recycle-Oily Water	43,368	P
Commercial Metals	69790	08/07/08	Recycle-Oily Water	41,700	P
Farouk Systems	69185	08/07/08	CESQ2192	5,000	P
KMCO, Inc.	69607	08/07/08	Recycle-Slop Oil	8,600	P
Lubrizol-Deer Park	69788	08/07/08	00012051	31,980	P
Proler Southwest	69683	08/07/08	Recycle	41,700	P
Proler Southwest	69737	08/07/08	Recycle	45,870	P
Proler Southwest	69684	08/07/08	Recycle	41,700	P
Select Environmental	69785	08/07/08	Recycle	45,870	P
Commercial Metals	69791	08/08/08	Recycle-Oily Water	42,960	P
Commercial Metals	69838	08/08/08	Recycle-Oily Water	45,870	P
Farouk Systems	69186	08/08/08	CESQ2192	41,700	P
IDM	69805	08/08/08	recycle	6,672	P
IDM	69805	08/08/08	recycle	6,672	P
IDM	69805	08/08/08	recycle	6,672	P
IDM	69805	08/08/08	recycle	6,672	P
IDM	69805	08/08/08	recycle	6,672	P
Lubrizol-Deer Park	69685	08/08/08	Recycle	4,620	P
Motiva Enterprises	69895	08/08/08		46,037	P
NOV Drilling Equipment (West Little York)	69689	08/08/08	Recycle-Oily Water	25,020	P
Burbank Barrel & Drum	69870	08/11/08	Recycle	48,780	P
Enviro Solutions - Baytown	69995	08/11/08	Recycle	46,704	P
Enviro Solutions - Baytown	70002	08/11/08	Recycle	35,862	P
Enviro Solutions - Baytown	69954	08/11/08	Recycle	47,538	P
Enviro Solutions - Baytown	69950	08/11/08	Recycle	46,704	P
Lubrizol-Deer Park	69885	08/11/08	00012051	39,940	P
Lubrizol-Deer Park	69796	08/11/08	Recycle	36,440	P
Lubrizol-Deer Park	69795	08/11/08	Recycle	240	P
Lubrizol-Deer Park	69918	08/11/08	Recycle	34,320	P
Proler Southwest	69854	08/11/08	Recycle	41,700	P
Enviro Solutions - Baytown	70081	08/12/08	Recycle	45,870	P
Enviro Solutions - Baytown	70035	08/12/08	Recycle	44,202	P
Enviro Solutions - Baytown	70064	08/12/08	Recycle	27,063	P
Enviro Solutions - Baytown	70065	08/12/08	Recycle	31,492	P
Farouk Systems	69615	08/12/08	CESQ2192	45,870	P
Lubrizol-Deer Park	69657	08/12/08	Recycle	43,900	P
Lubrizol-Deer Park	69652	08/12/08	Recycle	36,320	P
Lubrizol-Deer Park	69642	08/12/08	Recycle	36,560	P
Lubrizol-Deer Park	69662	08/12/08	Recycle	32,380	P

Proler Southwest	69768	08/12/08	Recycle	41,700	P
Proler Southwest	69921	08/12/08	Recycle	45,870	P
Enviro Solutions - Baytown	70129	08/13/08	Recycle	46,704	P
Enviro Solutions - Baytown	70118	08/13/08	Recycle	5,700	P
Enviro Solutions - Baytown	70098	08/13/08	Recycle	5,600	P
Enviro Solutions - Baytown	70148	08/13/08	Recycle	47,538	P
Lubrizol-Deer Park	69658	08/13/08	Recycle	41,760	P
Lubrizol-Deer Park	69668	08/13/08	Recycle	31,900	P
Lubrizol-Deer Park	69653	08/13/08	Recycle	42,400	P
Motiva Enterprises	70130	08/13/08		45,595	P
Proler Southwest	69958	08/13/08	Recycle	4,125	P
Proler Southwest	69959	08/13/08	Recycle	41,750	P
Proler Southwest	69960	08/13/08	Recycle	41,700	P
VAM-USA	69875	08/13/08	Recycle-Oily Water	6,672	P
Enviro Solutions - Baytown	70335	08/14/08	Recycle	37,530	P
Enviro Solutions - Baytown	70281	08/14/08	Recycle	40,032	P
Enviro Solutions - Baytown	70208	08/14/08	Recycle	46,704	P
Hutchinson-Hayes International, Inc. (East Belt)	70111	08/14/08	Recycle	41,750	P
KMTEx	70497	08/14/08	Recycle-Oily Water	38,880	P
Lubrizol-Deer Park	69649	08/14/08	Recycle	34,900	P
Lubrizol-Deer Park	69664	08/14/08	Recycle	43,820	P
Lubrizol-Deer Park	69659	08/14/08	Recycle	42,460	P
Lubrizol-Deer Park	69654	08/14/08	Recycle	42,240	P
Dresser Flow	70051	08/15/08	Recycle-Coolant	32,026.00	P
Enviro Solutions - Baytown	70379	08/15/08	Recycle	47,538	P
Enviro Solutions - Baytown	70352	08/15/08	Recycle	47,538	P
Farouk Systems	69616	08/15/08	CESQ2192	50,040	P
Lubrizol-Deer Park	69670	08/15/08	Recycle	38,780	P
Proler Southwest	70150	08/15/08	Recycle	41,700	P
Lubrizol-Deer Park	69666	08/16/08	Recycle	44,060	P
Enviro Solutions - Baytown	70580	08/18/08	Recycle	47,538	P
Lubrizol-Deer Park	70278	08/18/08	Recycle	41,280	P
Lubrizol-Deer Park	70180	08/18/08	Recycle	42,020	P
Lubrizol-Deer Park	70179	08/18/08	recycle	45,020	P
Select Environmental	70445	08/18/08	Recycle	45,870	P
Select Environmental	70399	08/18/08	Recycle	45,870	P
Enviro Solutions - Baytown	70543	08/19/08	Recycle	48,439	P
Enviro Solutions - Baytown	70541	08/19/08	Recycle	47,538	P
Enviro Solutions - Baytown	70542	08/19/08	Recycle	47,538	P
Farouk Systems	70245	08/19/08	CESQ2192	41,700	P
Koch Heat Transfer Company, LP	70366	08/19/08	Recycle-Oily Water	15,012	P
Lubrizol-Deer Park	70491	08/19/08	Recycle	45,020	P
Lubrizol-Deer Park	70490	08/19/08	Recycle	38,380	P
Proler Southwest	70517	08/19/08	Recycle	41,700	P
Commercial Metals	70599	08/20/08	Recycle-Oily Water	41,700	P
Enviro Solutions - Baytown	70632	08/20/08	Recycle	47,538	P
Enviro Solutions - Baytown	70421	08/20/08	Recycle	47,538	P
Enviro Solutions - Baytown	70589	08/20/08	Recycle	23,352	P
Enviro Solutions - Baytown	70596	08/20/08	Recycle	47,538	P
Enviro Solutions - Baytown	70677	08/20/08	Recycle	47,538	P
Enviro Solutions - Baytown	70607	08/20/08	Recycle	23,352	P
KMTEx	70585	08/20/08	Recycle-Oily Water	42,700	P
KMTEx	70584	08/20/08	Recycle-Oily Water	41,940	P
Lubrizol-Deer Park	70455	08/20/08	Recycle	37,440	P
Lubrizol-Deer Park	70459	08/20/08	Recycle	37,840	P
NOV Drilling Equipment (Lockwood)	70519	08/20/08	Recycle	16,680	P
NOV Drilling Equipment (West Little York)	70359	08/20/08	Recycle	7,500	P
NOV Drilling Equipment (West Little York)	70359	08/20/08	Recycle	1,200	P
NOV Rig Solutions Sparesand Service	70423	08/20/08	Recycle	23,352	P
PGI International	70476	08/20/08	Recycle-Oily Water	25,020	P
Proler Southwest	70513	08/20/08	Recycle	50,040	P
Proler Southwest	70514	08/20/08	Recycle	50,040	P
Proler Southwest	70515	08/20/08	Recycle	50,100	P
Ameriforge Corporation	70526	08/21/08	Recycle-Oily Water	41,700	P
Atlantic Industrial Services	70743	08/21/08	Recycle-Oily Water	50,073	P
Commercial Metals	70606	08/21/08	Recycle-Oily Water	41,700	P
Enviro Solutions - Baytown	70774	08/21/08	Recycle	44,202	P
Enviro Solutions - Baytown	70798	08/21/08	Recycle	47,538	P
Enviro Solutions - Baytown	70756	08/21/08	Recycle	47,538	P

Enviro Solutions - Baytown	70808	08/21/08	Recycle	47,538	P
Enviro Solutions - Baytown	70762	08/21/08	Recycle	47,538	P
LeTourneau Technologies	70660	08/21/08	Recycle-Oily Water	25,020	P
Lubrizol-Deer Park	70579	08/21/08	00012051	38,540	P
NOV Drilling Equipment (West Little York)	70573	08/21/08	Recycle-Oily Water	12,510	P
Proler Southwest	70520	08/21/08	Recycle	41,700	P
Proler Southwest	70521	08/21/08	Recycle	41,700	P
Proler Southwest	70516	08/21/08	Recycle	45,870	P
Select Environmental	70737	08/21/08	Recycle	45,870	P
Commercial Metals	70824	08/22/08	Recycle-Oily Water	450,360	P
Commercial Metals	70784	08/22/08	Recycle-Oily Water	41,700	P
Enviro Solutions - Baytown	70825	08/22/08	Recycle	47,538	P
Enviro Solutions - Baytown	70826	08/22/08	Recycle	23,769	P
Farouk Systems	70246	08/22/08	CESQ2192	41,700	P
Forged Vessel Connections, Inc.	70823	08/22/08	Recycle-Oily Water	12,510	P
Proler Southwest	70802	08/22/08	Recycle	41,700	P
Proler Southwest	70803	08/22/08	Recycle	41,700	P
Proler Southwest	70856	08/23/08	Recycle	41,700	P
Enviro Solutions - Baytown	70948	08/25/08	Recycle	23,352	P
Lubrizol-Deer Park	70699	08/25/08	Recycle	39,920	P
Lubrizol-Deer Park	70705	08/25/08	Recycle	38,760	P
Proler Southwest	70858	08/25/08	Recycle	41,700	P
T3 Energy Services - Cypress	70849	08/25/08	Recycle-Oily Water	16,680	P
Burbank Barrel & Drum	70894	08/26/08	Recycle	41,700	P
Enterprise Products-Wharton Station	70904	08/26/08	Recycle	12,510	P
Enviro Solutions - Baytown	71021	08/26/08	Recycle	20,850	P
Farouk Systems	70655	08/26/08	CESQ2192	43,368	P
Lubrizol-Deer Park	70700	08/26/08	Recycle	42,540	P
Lubrizol-Deer Park	70900	08/26/08	Recycle	39,600	P
Martin Transport	71002	08/26/08	Recycle	25,020	P
Proler Southwest	70860	08/26/08	Recycle	41,700	P
Proler Southwest	70859	08/26/08	Recycle	41,700	P
Enviro Solutions - Baytown	71054	08/27/08	Recycle	41,700	P
Enviro Solutions - Baytown	71055	08/27/08	Recycle	33,360	P
Lubrizol-Deer Park	70925	08/27/08	recycle	34,780	P
Lubrizol-Deer Park	70926	08/27/08	recycle	34,720	P
Lubrizol-Deer Park	70701	08/27/08	Recycle	42,420	P
Lubrizol-Deer Park	70707	08/27/08	Recycle	36,800	P
Proler Southwest	70857	08/27/08	Recycle	41,700	P
Lubrizol-Deer Park	70927	08/28/08	recycle	39,320	P
Lubrizol-Deer Park	70928	08/28/08	recycle	33,480	P
Lubrizol-Deer Park	70702	08/28/08	Recycle	72,300	P
MIC	70995	08/28/08	Recycle-Oily Water	26,646	P
Proler Southwest	71075	08/28/08	Recycle	41,700	P
Enviro Solutions - Baytown	71240	08/29/08	Recycle	10,008	P
Farouk Systems	70656	08/29/08	CESQ2192	41,700	P
Lubrizol-Deer Park	70930	08/29/08	recycle	41,960	P
Lubrizol-Deer Park	70929	08/29/08	recycle	44,220	P
Lubrizol-Deer Park	70931	08/30/08	00012051	42,680	P
Proler Southwest	71222	08/30/08	Recycle	45,870	P
				8,291,880	
				1,036,485	G
Farouk Systems	71163	09/02/08	CESQ2192	41,700	P
Lubrizol-Deer Park	71108	09/02/08	00012051	32,140	P
Proler Southwest	71225	09/02/08	Recycle	41,700	P
Proler Southwest	71223	09/02/08	Recycle	41,700	P
Ameriforge Corporation	71347	09/03/08	Recycle-Oily Water	45,870	P
Canrig	71390	09/04/08	recycle	2,502	P
Enviro Solutions - Baytown	71508	09/04/08	Recycle	22,518	P
Forged Products	71402	09/04/08	Recycle-Oily Water	13,844	P
Lubrizol-Deer Park	71115	09/04/08	00012051	38,180	P
Lubrizol-Deer Park	71119	09/04/08	00012051	36,900	P
Proler Southwest	71312	09/04/08	Recycle	41,700	P
Atlantic Industrial Services	71671	09/05/08	Recycle-Oily Water	400	P
Dresser Flow	71513	09/05/08	Recycle-Coolant	41,700.00	P
Farouk Systems	71164	09/05/08	CESQ2192	41,700	P
Forged Vessel Connections, Inc.	71503	09/05/08	Recycle-Oily Water	9,174	P
Houston Marine Services, Inc	71640	09/05/08	Recycle	35,862	P
Proler Southwest	71602	09/05/08	Recycle	41,700	P

Lubrizol-Deer Park	71631	09/06/08	00012051	38,960	P
Proler Southwest	71605	09/06/08	Recycle	41,700	P
Proler Southwest	71711	09/06/08	Recycle	41,700	P
Enviro Solutions - Baytown	71805	09/08/08	Recycle	47,538	P
Enviro Solutions - Baytown	71818	09/08/08	Recycle	47,538	P
Lubrizol-Deer Park	71653	09/08/08	00012051	37,840	P
Lubrizol-Deer Park	71654	09/08/08	00012051	37,480	P
Motiva Enterprises	71759	09/08/08		45,036	P
Enviro Solutions - Baytown	71881	09/09/08	Recycle	47,538	P
Enviro Solutions - Baytown	71832	09/09/08	Recycle	47,538	P
Enviro Solutions - Baytown	71890	09/09/08	Recycle	47,538	P
Enviro Solutions - Baytown	71848	09/09/08	Recycle	47,538	P
Farouk Systems	71542	09/09/08	CESQ2192	45,870	P
Lubrizol-Deer Park	71649	09/09/08	00012051	36,100	P
Lubrizol-Deer Park	71650	09/09/08	00012051	37,560	P
Andergauge Drilling Systems	71585	09/10/08	Recycle	25,020	P
Enviro Solutions - Baytown	71948	09/10/08	Recycle	50,040	P
Farouk Systems	71812	09/10/08	CESQ2192	45,870	P
VAM-USA	71845	09/10/08	Recycle-Oily Water	9,174	P
Hutchinson-Hayes International, Inc.(East Belt)	71993	09/11/08	Recycle	16,580	P
Martin Transport	71888	09/11/08	Product	29,560	P
Proler Southwest	71877	09/11/08	Recycle	41,700	P
Burbank Barrel & Drum	71938	09/12/08	Recycle	41,860	P
Ameriforge Corporation	72049	09/15/08	Recycle-Oily Water	29,780	P
Ameriforge Corporation	72051	09/15/08	Recycle-Oily Water	45,870	P
Ameriforge Corporation	72050	09/15/08	Recycle-Oily Water	43,580	P
PGI International	72052	09/15/08	Recycle-Oily Water	37,530	P
PGI International	72053	09/15/08	Recycle-Oily Water	41,700	P
Proler Southwest	72020	09/15/08	Recycle	45,870	P
Proler Southwest	72061	09/15/08	Recycle	41,700	P
Proler Southwest	72060	09/15/08	Recycle	41,700	P
Proler Southwest	72019	09/15/08	Recycle	45,870	P
Commercial Metals	72143	09/16/08	Recycle-Oily Water	43,868	P
Commercial Metals	72129	09/16/08	Recycle-Oily Water	43,868	P
Forged Vessel Connections, Inc.	72094	09/16/08	Recycle-Oily Water	25,020	P
Forged Vessel Connections, Inc.	72101	09/16/08	Recycle-Oily Water	25,020	P
NOV Drilling Equipment (West Little York)	71893	09/16/08	Recycle	8,340	P
Commercial Metals	72182	09/17/08	Recycle-Oily Water	43,868	P
Forged Vessel Connections, Inc.	72152	09/17/08	Recycle-Oily Water	1,251	P
Lubrizol-Deer Park	72157	09/17/08	00012051	34,920	P
Lubrizol-Deer Park	72160	09/17/08	00012051	40,500	P
Lubrizol-Deer Park	72159	09/17/08	00012051	38,080	P
Proler Southwest	72021	09/17/08	Recycle	41,700	P
Proler Southwest	72199	09/17/08	Recycle	41,700	P
Select Environmental	72192	09/17/08	Recycle	41,700	P
Select Environmental	72166	09/17/08	Recycle	41,700	P
Select Environmental	72153	09/17/08	Recycle	45,870	P
Tenaris Coiled Tube, LLC (Beltway 8)	72105	09/17/08	Recycle-Oily Water	41,700	P
Commercial Metals	72259	09/18/08	Recycle-Oily Water	43,868	P
LeTourneau Technologies	72010	09/18/08	Recycle-Oily Water	459	P
LeTourneau Technologies	72010	09/18/08	Recycle-Oily Water	2,085	P
Lubrizol-Deer Park	72196	09/18/08	00012051	30,220	P
Lubrizol-Deer Park	72158	09/18/08	00012051	41,220	P
Proler Southwest	72022	09/18/08	Recycle	41,700	P
Proler Southwest	72146	09/18/08	Recycle	41,700	P
Commercial Metals	72361	09/19/08	Recycle-Oily Water	43,868	P
Commercial Metals	72306	09/19/08	Recycle-Oily Water	43,868	P
Commercial Metals	72227	09/19/08	Recycle-Oily Water	40,032	P
Crown Beverage and Packaging	72302	09/19/08	Recycle-Oily Water	41,700	P
Enviro Solutions - Baytown	72307	09/19/08	Recycle	55,878	P
Enviro Solutions - Baytown	72272	09/19/08	Recycle	54,210	P
Enviro Solutions - Baytown	72378	09/19/08	Recycle	55,878	P
Enviro Solutions - Baytown	72380	09/19/08	Recycle	54,210	P
Farouk Systems	72381	09/19/08	CESQ2192	41,700	P
Lubrizol-Deer Park	72197	09/19/08	00012051	35,580	P
Lubrizol-Deer Park	72198	09/19/08	BOL	34,160	P
Proler Southwest	72281	09/19/08	Recycle	50,040	P
Proler Southwest	72283	09/19/08	Recycle	41,700	P
Proler Southwest	72284	09/19/08	Recycle	41,700	P

Proler Southwest	72282	09/19/08	Recycle	41,700	P
Schlumberger Technology - IPC North	72348	09/19/08	00521191	13,344	P
Tenaris Coiled Tube, LLC (Beltway 8)	72316	09/19/08	Recycle-Oily Water	41,700	P
Enviro Solutions - Baytown	72397	09/20/08	Recycle	55,878	P
Flex Oil Service	72383	09/20/08	Recycle	41,700	P
Flex Oil Service	72395	09/20/08	Recycle	41,700	P
Flex Oil Service	72398	09/20/08	Recycle	41,700	P
Lubrizol-Deer Park	72254	09/20/08	00012051	35,120	P
Proler Southwest	72363	09/20/08	Recycle	12,510	P
Proler Southwest	72364	09/20/08	Recycle	41,700	P
Enviro Solutions - Baytown	72415	09/22/08	Recycle	29,190	P
Farouk Systems	72416	09/22/08	CESQ2192	29,705	P
Farouk Systems	72382	09/22/08	CESQ2192	20,850	P
Proler Southwest	72366	09/22/08	Recycle	41,700	P
Proler Southwest	72365	09/22/08	Recycle	41,700	P
Enviro Solutions - Baytown	72578	09/23/08	Recycle	54,210	P
LeTourneau Technologies	72414	09/23/08	Recycle-Oily Water	33,360	P
Lubrizol-Deer Park	72468	09/23/08	00012051	34,440	P
Lubrizol-Deer Park	72467	09/23/08	00012051	38,340	P
Packless Industries	72499	09/23/08	Recycle-Oily Water	41,700	P
Proler Southwest	72537	09/23/08	Recycle	41,700	P
Proler Southwest	72445	09/23/08	Recycle	41,700	P
Proler Southwest	72538	09/23/08	Recycle	41,700	P
Proler Southwest	72444	09/23/08	Recycle	41,700	P
Ameriforge Corporation	72576	09/24/08	Recycle-Oily Water	41,700	P
Ameriforge Corporation	72529	09/24/08	Recycle-Oily Water	52,542	P
Ameriforge Corporation	72549	09/24/08	Recycle-Oily Water	50,040	P
Andergauge Drilling Systems	72553	09/24/08	Recycle	8,340	P
Enviro Solutions - Baytown	72580	09/24/08	Recycle	51,708	P
Enviro Solutions - Baytown	72594	09/24/08	Recycle	48,372	P
Enviro Solutions - Baytown	72577	09/24/08	Recycle	54,210	P
Enviro Solutions - Baytown	72601	09/24/08	Recycle	23,352	P
Ethyl Corporation	72579	09/24/08	Recycle-Oily Water	50,620	P
Flex Oil Service	72619	09/24/08	Recycle	41,700	P
Lubrizol-Deer Park	72470	09/24/08	00012051	39,980	P
NOV Drilling Equipment (West Little York)	72522	09/24/08	Recycle	400	P
Proler Southwest	72540	09/24/08	Recycle	41,700	P
Proler Southwest	72551	09/24/08	Recycle	41,700	P
Proler Southwest	72586	09/24/08	Recycle	41,700	P
VAM-USA	72562	09/24/08	Recycle-Oily Water	23,352	P
Crescent Directional Drilling	72097	09/25/08	Recycle	25,020	P
G & R Waste Oil Services	72671	09/25/08		54,210	P
High Island Petrochemicals	72629	09/25/08	Oily Water	25,020	P
Lubrizol-Deer Park	72469	09/25/08	00012051	38,800	P
Lubrizol-Deer Park	72471	09/25/08	00012051	40,700	P
Proler Southwest	72607	09/25/08	Recycle	41,700	P
Proler Southwest	72608	09/25/08	Recycle	41,700	P
Select Environmental	72626	09/25/08	Recycle	45,870	P
Select Environmental	72672	09/25/08	Recycle	45,870	P
Farouk Systems	72709	09/26/08	CESQ2192	41,700	P
Farouk Systems	72926	09/26/08	CESQ2192	41,700	P
Hydril McCarty	72706	09/26/08	Recycle	400	P
Proler Southwest	72609	09/26/08	Recycle	41,700	P
Proler Southwest	72610	09/26/08	Recycle	50,040	P
Proler Southwest	72788	09/29/08	Recycle	41,700	P
Select Environmental	72867	09/29/08	Recycle	45,870	P
Select Environmental	72855	09/29/08	Recycle	45,870	P
Farouk Systems	72695	09/30/08	CESQ2192	41,700	P
Farouk Systems	72935	09/30/08	CESQ2192	41,700	P
Lubrizol-Deer Park	72759	09/30/08	00012051	36,660	P
Lubrizol-Deer Park	72760	09/30/08	00012051	36,440	P
Motiva Enterprises	72993	09/30/08		45,620	P
Proler Southwest	72789	09/30/08	Recycle	41,700	P
				5,627,302	
				703,413	G
Proler Southwest	72923	10/01/08	Recycle	54,210	P
Ameriforge Corporation	73063	10/02/08	Recycle-Oily Water	64,640	P
Atlantic Industrial Services	73157	10/02/08	Recycle-Oily Water	800	P
Enviro Solutions - Baytown	73163	10/02/08	Recycle	50,040	P

KMTEx	73161	10/02/08	Recycle-Oily Water	32,740	P
Lubrizol-Deer Park	72928	10/02/08	00012051	36,460	P
Martin Transport	73028	10/02/08	Product	35,140	P
Proler Southwest	72924	10/02/08	Recycle	41,700	P
VAM-USA	72995	10/02/08	Recycle-Oily Water	25,020	P
Enviro Solutions - Baytown	73191	10/03/08	Recycle	58,380	P
Enviro Solutions - Baytown	73270	10/03/08	Recycle	37,530	P
Enviro Solutions - Baytown	73267	10/03/08	Recycle	15,846	P
Farouk Systems	72696	10/03/08	CESQ2192	41,700	P
Hutchinson-Hayes International, Inc. (East Belt)	73136	10/03/08	Recycle	25,020	P
LeTourneau Technologies	73179	10/03/08	Recycle-Oily Water	1,200	P
Martin Transport	73033	10/03/08	Recycle	25,020	P
Proler Southwest	73125	10/03/08	Recycle	41,700	P
Proler Southwest	73123	10/03/08	Recycle	41,700	P
Commercial Metals	73269	10/04/08	Recycle-Oily Water	45,870	P
Lubrizol-Deer Park	72931	10/04/08	00012051	35,580	P
Proler Southwest	73229	10/04/08	Recycle	41,700	P
Ameriforge Corporation	73311	10/06/08	Recycle-Oily Water	40,280	P
Atlantic Industrial Services	73368	10/06/08	Recycle-Oily Water	1,600	P
Enviro Solutions - Baytown	73376	10/06/08	Recycle	48,372	P
IDM	73206	10/06/08	recycle	12,510	P
IDM	73206	10/06/08	recycle	12,510	P
IDM	73206	10/06/08	recycle	12,510	P
IDM	73206	10/06/08	recycle	12,510	P
IDM	73206	10/06/08	recycle	12,510	P
Proler Southwest	73230	10/06/08	Recycle	41,700	P
Dresser Flow	73364	10/07/08	Recycle-Coolant	41,705.00	P
Farouk Systems	73117	10/07/08	CESQ2192	41,700	P
Lubrizol-Deer Park	73301	10/07/08	00012051	33,820	P
Lubrizol-Deer Park	73288	10/07/08	00012051	38,840	P
NOV Drilling Equipment (Lockwood)	73312	10/07/08	Recycle	16,680	P
Enviro Solutions - Baytown	73517	10/08/08	Recycle	50,040	P
Mack's Transmission	73406	10/08/08	recyclable oily Water	2,085	P
Proler Southwest	73415	10/08/08	Recycle	41,700	P
Proler Southwest	73416	10/08/08	Recycle	41,700	P
VAM-USA	73409	10/08/08	Recycle-Oily Water	50,040	P
VAM-USA	73520	10/08/08	Recycle-Oily Water	35,028	P
Ameriforge Corporation	73407	10/09/08	Recycle-Oily Water	41,700	P
Enviro Solutions - Baytown	73663	10/09/08	Recycle	16,680	P
Lubrizol-Deer Park	73535	10/09/08	recycle	33,840	P
Lubrizol-Deer Park	73534	10/09/08	recycle	39,400	P
Proler Southwest	73558	10/09/08	Recycle	45,870	P
Enviro Solutions - Baytown	73742	10/10/08	Recycle	22,518	P
Farouk Systems	73674	10/10/08	CESQ2192	50,040	P
Farouk Systems	73118	10/10/08	CESQ2192	39,031	P
KMTEx	73719	10/10/08	Recycle-Oily Water	40,140	P
KMTEx	73718	10/10/08	Recycle-Oily Water	41,200	P
KMTEx	73648	10/10/08	Recycle-Oily Water	46,620	P
KMTEx	73652	10/10/08	Recycle-Oily Water	24,420	P
NOV Rig Solutions Sparesand Service	73561	10/10/08	Recycle	27,522	P
Proler Southwest	73559	10/10/08	Recycle	41,700	P
Lubrizol-Deer Park	73536	10/11/08	00012051	41,140	P
Lubrizol-Deer Park	73537	10/11/08	00012051	44,700	P
Enviro Solutions - Baytown	73874	10/13/08	Recycle	12,510	P
KMTEx	73654	10/13/08	Recycle-Oily Water	43,900	P
KMTEx	73653	10/13/08	Recycle-Oily Water	45,780	P
Lubrizol-Deer Park	73538	10/13/08	00012051	44,340	P
Lubrizol-Deer Park	73539	10/13/08	00012051	45,000	P
Proler Southwest	73735	10/13/08	Recycle	41,700	P
Select Environmental	73821	10/13/08	Recycle	20,250	P
Select Environmental	73810	10/13/08	Recycle	45,870	P
Atlantic Industrial Services	73931	10/14/08	Recycle-Oily Water	917	P
Farouk Systems	73634	10/14/08	CESQ2192	41,700	P
GATX (Hearne)	73819	10/14/08	Recycle	29,190	P
KMTEx	73656	10/14/08	Recycle-Oily Water	44,720	P
KMTEx	73655	10/14/08	Recycle-Oily Water	44,920	P
MIC	73779	10/14/08	Recycle-Oily Water	25,437	P
Enviro Solutions - Baytown	74007	10/15/08	Recycle	47,538	P
KMTEx	73657	10/15/08	Recycle-Oily Water	39,680	P

PGI International	73894	10/15/08	Recycle-Oily Water	29,190	P
Proler Southwest	74004	10/15/08	Recycle	41,700	P
Trelleborg CRP, Inc	73569	10/15/08	15271011	24,186	P
Enviro Solutions - Baytown	74113	10/16/08	Recycle	14,178	P
KMTEx	73658	10/16/08	Recycle-Oily Water	44,280	P
Lubrizol-Deer Park	73940	10/16/08	00012051	40,500	P
Motiva Enterprises	74103	10/16/08		45,787	P
Proler Southwest	73960	10/16/08	Recycle	41,700	P
Ameriforge Corporation	74085	10/17/08	Recycle-Oily Water	41,700	P
Burbank Barrel & Drum	74076	10/17/08	Recycle	41,700	P
Enviro Solutions - Baytown	74153	10/17/08	Recycle	45,870	P
Farouk Systems	73635	10/17/08	CESQ2192	50,040	P
Lubrizol-Deer Park	73941	10/17/08	00012051	38,000	P
NOV (Magnolia)	73987	10/17/08	Recycle	4,170	P
Proler Southwest	74101	10/17/08	Recycle	41,700	P
Proler Southwest	74100	10/17/08	Recycle	41,700	P
Proler Southwest	74166	10/18/08	Recycle	52,542	P
Proler Southwest	74102	10/18/08	Recycle	41,700	P
Atlantic Industrial Services	73684	10/20/08	Recycle-Oily Water	33,360	P
Proler Southwest	74194	10/20/08	Recycle	41,700	P
Enviro Solutions - Baytown	74364	10/21/08	Recycle	23,352	P
Farouk Systems	74057	10/21/08	CESQ2192	41,700	P
KMTEx	74217	10/21/08	Recycle-Oily Water	45,000	P
KMTEx	74218	10/21/08	Recycle-Oily Water	43,180	P
Lubrizol-Deer Park	74249	10/21/08	00012051	35,600	P
Enviro Solutions - Baytown	74419	10/22/08	Recycle	18,348	P
KMTEx	74307	10/22/08	Recycle-Oily Water	46,840	P
KMTEx	74308	10/22/08	Recycle-Oily Water	44,960	P
Lubrizol-Deer Park	74329	10/22/08	00012051	32,860	P
Lubrizol-Deer Park	74328	10/22/08	00012051	37,960	P
Lubrizol-Deer Park	74250	10/22/08	00012051	31,700	P
NOV Drilling Equipment (West Little York)	74347	10/22/08	Recycle	2,000	P
Proler Southwest	74431	10/22/08	Recycle	41,700	P
Canrig	74384	10/23/08	recycle	459	P
Ethyl Corporation	74458	10/23/08	Recycle-Oily Water	47,820	P
KMTEx	74306	10/23/08	Recycle-Oily Water	44,680	P
KMTEx	74443	10/23/08	Recycle-Oily Water	46,140	P
KMTEx	74444	10/23/08	Recycle-Oily Water	45,860	P
Lubrizol-Deer Park	74251	10/23/08	00012051	40,740	P
Proler Southwest	74513	10/23/08	Recycle	41,700	P
Proler Southwest	74432	10/23/08	Recycle	41,700	P
Boring Specialties	74572	10/24/08	Oily water	25,020	P
Farouk Systems	74058	10/24/08	CESQ2192	43,368	P
IDM	74828	10/24/08	recycle	1,500	P
IDM	74829	10/24/08	recycle	2,000	P
IDM	74829	10/24/08	recycle	2,000	P
IDM	74828	10/24/08	recycle	1,500	P
IDM	74829	10/24/08	recycle	2,000	P
IDM	74828	10/24/08	recycle	1,500	P
IDM	74829	10/24/08	recycle	2,000	P
IDM	74828	10/24/08	recycle	1,500	P
IDM	74828	10/24/08	recycle	1,500	P
IDM	74829	10/24/08	recycle	2,000	P
KMTEx	74562	10/24/08	Recycle-Oily Water	41,320	P
KMTEx	74561	10/24/08	Recycle-Oily Water	46,440	P
Lubrizol-Deer Park	74330	10/24/08	00012051	34,620	P
Lubrizol-Deer Park	74331	10/24/08	00012051	39,180	P
Motiva Enterprises	74672	10/24/08		45,737	P
Proler Southwest	74435	10/24/08	Recycle	41,700	P
Proler Southwest	74433	10/24/08	Recycle	41,700	P
Ameriforge Corporation	74577	10/25/08	Recycle-Oily Water	41,700	P
Forged Vessel Connections, Inc.	74450	10/25/08	Recycle-Oily Water	45,036	P
Forged Vessel Connections, Inc.	74681	10/25/08	Recycle-Oily Water	45,036	P
Proler Southwest	74623	10/25/08	Recycle	41,700	P
Proler Southwest	74624	10/25/08	Recycle	41,700	P
Burbank Barrel & Drum	74501	10/27/08	Recycle	41,160	P
Enviro Solutions - Baytown	74690	10/27/08	Recycle	54,210	P
KMTEx	74653	10/27/08	Recycle-Oily Water	30,860	P
KMTEx	74654	10/27/08	Recycle-Oily Water	34,260	P

Lubrizol-Deer Park	74333	10/27/08	00012051	28,500	P
Lubrizol-Deer Park	74332	10/27/08	00012051	28,880	P
Proler Southwest	74626	10/27/08	Recycle	45,870	P
Proler Southwest	74625	10/27/08	Recycle	45,870	P
Farouk Systems	74732	10/28/08	CESQ2192	41,700	P
Farouk Systems	74517	10/28/08	CESQ2192	43,368	P
Hydril HHP	74684	10/28/08	Recycle-Oily Water	16,972	P
NOV Drilling Equipment (West Little York)	74420	10/28/08	Recycle-Oily Water	23,352	P
Lubrizol-Deer Park	74335	10/29/08	00012051	35,300	P
Lubrizol-Deer Park	74334	10/29/08	00012051	39,020	P
Proler Southwest	74795	10/29/08	Recycle	41,700	P
Proler Southwest	74796	10/29/08	Recycle	41,700	P
Enviro Solutions - Baytown	74966	10/30/08	Recycle	50,040	P
Ethyl Corporation	74957	10/30/08	Recycle-Oily Water	47,720	P
Hutchinson-Hayes International, Inc.(East Belt)	74869	10/30/08	Recycle	19,182	P
Canrig	74803	10/31/08	Recycle	33,360	P
Canrig	74804	10/31/08	recycle	11,250	P
Dresser Flow	74965	10/31/08	Recycle-Coolant	39,198.00	P
Farouk Systems	74519	10/31/08	CESQ2192	41,700	P
Lubrizol-Deer Park	74337	10/31/08	00012051	40,180	P
Lubrizol-Deer Park	74336	10/31/08	00012051	45,340	P
				<u>5,532,260</u>	
					691,533 G
Proler Southwest	74980	11/01/08	Recycle	41,700	P
Proler Southwest	74981	11/01/08	Recycle	41,700	P
Enviro Solutions - Baytown	75212	11/03/08	Recycle	41,700	P
Enviro Solutions - Baytown	75217	11/03/08	Recycle	19,182	P
Enviro Solutions - Baytown	75213	11/03/08	Recycle	54,210	P
Ethyl Corporation	75178	11/03/08	Recycle-Oily Water	47,220	P
Farouk Systems	75087	11/03/08	CESQ2192	41,700	P
Forged Vessel Connections, Inc.	75125	11/03/08	Recycle-Oily Water	18,348	P
Select Environmental	75175	11/03/08	Recycle	45,870	P
Select Environmental	75191	11/03/08	Recycle	45,870	P
VAM-USA	75057	11/03/08	recycle	900	P
Farouk Systems	74995	11/04/08	CESQ2192	25,020	P
Lubrizol-Deer Park	75167	11/04/08	00012051	37,220	P
Lubrizol-Deer Park	75151	11/04/08	00012051	36,920	P
Lubrizol-Deer Park	75152	11/04/08	00012051	40,100	P
Proler Southwest	75204	11/04/08	Recycle	41,700	P
Proler Southwest	75218	11/04/08	Recycle	41,700	P
Lubrizol-Deer Park	75154	11/05/08	00012051	41,760	P
Lubrizol-Deer Park	75153	11/05/08	00012051	42,820	P
Lubrizol-Deer Park	75170	11/05/08	00012051	34,620	P

NOV Drilling Equipment (West Little York)	75242	11/05/08	Recycle-Oily Water	23,352	P
Burbank Barrel & Drum	75331	11/06/08	Recycle	36,140	P
Lubrizol-Deer Park	75412	11/06/08	00012051	40,120	P
Lubrizol-Deer Park	75171	11/06/08	00012051	37,280	P
Lubrizol-Deer Park	75156	11/06/08	00012051	42,000	P
Lubrizol-Deer Park	75155	11/06/08	00012051	43,420	P
Enviro Solutions - Baytown	75591	11/07/08	Recycle	15,012	P
Enviro Solutions - Baytown	75488	11/07/08	Recycle	47,538	P
Lubrizol-Deer Park	75414	11/07/08	00012051	41,680	P
Lubrizol-Deer Park	75172	11/07/08	00012051	33,080	P
Lubrizol-Deer Park	75473	11/08/08	00012051	39,300	P
Lubrizol-Deer Park	75474	11/08/08	00012051	43,780	P
Enviro Solutions - Baytown	75685	11/10/08	Recycle	25,020	P
NOV (Magnolia)	75594	11/10/08	Recycle	2,850	P
NOV (Magnolia)	75595	11/10/08	Recycle	1,800	P
NOV (Magnolia)	75595	11/10/08	Recycle	2,000	P
VAM-USA	75629	11/10/08	Recycle-Oily Water	22,518	P
Farouk Systems	75475	11/11/08	CE5Q2192	41,700	P
Houston Marine Services, Inc	75687	11/11/08	Recycle	37,500	P
Houston Marine Services, Inc	75690	11/11/08	Recycle	37,500	P
Houston Marine Services, Inc	75691	11/11/08	Recycle	37,500	P
Houston Marine Services, Inc	75686	11/11/08	Recycle	37,500	P
Houston Marine Services, Inc	75688	11/11/08	Recycle	37,500	P
Motiva Enterprises	75833	11/11/08		47,872	P
Ameriforge Corporation	75783	11/12/08	Recycle-Oily Water	40,227	P
Atlantic Industrial Services	76000	11/12/08	Recycle-Oily Water	400	P
Commercial Metals	75920	11/12/08	Recycle-Oily Water	43,368	P
Enviro Solutions - Baytown	75683	11/12/08	Recycle	45,870	P
Enviro Solutions - Baytown	75871	11/12/08	Recycle	23,352	P
Enviro Solutions - Baytown	75856	11/12/08	Recycle	26,688	P
Greens Bayou Pipe Mill, LP	75816	11/12/08	Recycle-Oily Water	29,190	P
Houston Marine Services, Inc	75697	11/12/08	Recycle	37,500	P
Houston Marine Services, Inc	75695	11/12/08	Recycle	37,500	P
Houston Marine Services, Inc	75696	11/12/08	Recycle	37,500	P
Houston Marine Services, Inc	75933	11/12/08	Recycle	35,862	P
Houston Marine Services, Inc	75692	11/12/08	Recycle	37,500	P
Proler Southwest	75927	11/12/08	Recycle	41,700	P
Proler Southwest	75926	11/12/08	Recycle	41,700	P
Ameriforge Corporation	75893	11/13/08	Recycle-Oily Water	41,934	P
Commercial Metals	75975	11/13/08	Recycle-Oily Water	43,368	P
Enviro Solutions - Baytown	75970	11/13/08	Recycle	23,352	P
Houston Marine Services, Inc	75703	11/13/08	Recycle	41,700	P
Houston Marine Services, Inc	75702	11/13/08	Recycle	41,700	P
Houston Marine Services, Inc	75694	11/13/08	Recycle	41,700	P
Houston Marine Services, Inc	75700	11/13/08	Recycle	41,700	P
Houston Marine Services, Inc	75699	11/13/08	Recycle	41,700	P
Houston Marine Services, Inc	75701	11/13/08	Recycle	41,700	P
KMCO, Inc.	75854	11/13/08	Recycle-Oily Water	44,100	P
KMCO, Inc.	75855	11/13/08	Recycle-Oily Water	43,820	P
Lubrizol-Deer Park	75880	11/13/08	00012051	35,620	P
Proler Southwest	75929	11/13/08	Recycle	45,870	P
Proler Southwest	75928	11/13/08	Recycle	41,700	P
Tenaris Coiled Tube, LLC (Beltway 8)	75956	11/13/08	Recycle-Oily Water	41,700	P
Commercial Metals	76078	11/14/08	Recycle-Oily Water	43,368	P
Houston Marine Services, Inc	75704	11/14/08	Recycle	41,700	P
Lubrizol-Deer Park	75884	11/14/08	00012051	40,220	P
				<hr/> 2,729,531	
				341,191	G

CES ENVIRONMENTAL SERVICES

BASE OIL 2008 YTD

258,526 G

Generator	Job #	Job Date	Description	Qty	P		
Shell Global	55866	01/02/08	Recycle	13,340	P		
Shell Global	55941	01/04/08	Recycle	40,160	P		
Shell Global	56068	01/04/08	Recycle	23,352	P		
Shell Global	56062	01/07/08	Recycle	41,700	P		
Shell Global	56236	01/09/08	Recycle	24,200	P		
Shell Global	56592	01/14/08	Recycle	41,420	P		
Shell Global	57079	01/21/08	Recycle	9,040	P		
Shell Global	57241	01/22/08	Recycle	17,640	P		
Shell Global	57278	01/23/08	Recycle	34,520	P		
Shell Global	57525	01/27/08	recycle-base oil	4,519	P		
Shell Global	57502	01/28/08	Recycle	41,780	P		
Shell Global	57587	01/28/08	Recycle	7,240	P		
Shell Global	57747	01/30/08	Recycle	14,880	P		
Shell Global	57671	01/30/08	recycle-base oil	42,540	P		
Shell Global	57725	01/31/08	recycle	35,300	P		
				391,631		48,954	G
Shell Global	57885	02/01/08	Recycle	33,720	P		
Shell Global	57702	02/02/08	Recycle	459	P		
Shell Global	57989	02/04/08	Recycle	28,500	P		
Shell Global	58227	02/07/08	Recycle	34,680	P		
Shell Global	58228	02/07/08	Recycle	32,340	P		
Shell Global	58484	02/09/08	Recycle	9,560	P		
Shell Global	58485	02/10/08	Recycle	45,870	P		
Shell Global	58489	02/11/08	Recycle	37,140	P		
Shell Global	58514	02/13/08	Recycle	36,120	P		
Shell Global	58684	02/14/08	Recycle	21,600	P		
Shell Global	58663	02/14/08	Recycle	34,440	P		
Shell Global	58515	02/14/08	Recycle	34,880	P		
Shell Global	58705	02/15/08	Recycle	26,240	P		
Shell Global	58753	02/15/08	Recycle	45,295	P		
Shell Global	58777	02/15/08	Recycle	33,360	P		
Shell Global	59078	02/21/08	Recycle	11,380	P		
				465,584		58,198	G
Shell Global	60504	03/15/08	Recycle	7,920	P	990	G
Shell Global	61508	04/02/08	Recycle	9,940	P		
Shell Global	61504	04/02/08	Recycle	10,840	P		
Shell Global	61506	04/03/08	recycle	800	P		
Shell Global	61506	04/03/08	recycle	1,000	P		
Shell Global	61506	04/03/08	recycle	1,500	P		
Shell Global	62488	04/17/08	Recycle	36,320	P		
Shell Global	63127	04/27/08	Recycle	8,420	P		
				68,820		8,603	G
Shell Global	63771	05/07/08	Recycle	9,140	P		
Shell Global	64298	05/15/08	Recycle	5,060	P		
Shell Global	64757	05/22/08	Recycle	41,980	P		
				56,180		7,023	G

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Shell Global	65701	06/08/08	Recycle	8,700	P			
Shell Global	65920	06/12/08	Recycle	34,188	P			
Shell Global	65923	06/12/08	Recycle	25,060	P			
Shell Global	66147	06/13/08	Recycle	14,591	P			
Shell Global	66223	06/16/08	Recycle	9,100	P			
Shell Global	66650	06/24/08	Recycle	50,480	P			
Shell Global	66697	06/24/08	Recycle	17,440	P			
Shell Global	66735	06/24/08	Recycle	6,500	P			
Shell Global	67066	06/30/08	Recycle	46,840	P			
				212,899		26,612		G
Shell Global	67321	07/02/08	Recycle	11,000	P			
Shell Global	67535	07/07/08	Recycle	33,920	P			
Shell Global	67537	07/07/08	Recycle	32,060	P			
Shell Global	67538	07/08/08	Recycle	32,500	P			
Shell Global	67757	07/09/08	Recycle	24,640	P			
Shell Global	70128	07/13/08	Recycle	9,180	P			
Shell Global	68020	07/13/08	Recycle	9,900	P			
Shell Global	68040	07/14/08	Recycle	25,520	P			
Shell Global	68271	07/16/08	Recycle	12,040	P			
Shell Global	68466	07/19/08	A Tank/Inside Pit	40,780	P			
Shell Global	68606	07/22/08	Recycle	31,240	P			
Shell Global	68705	07/24/08	Recycle	2,560	P			
Shell Global	69147	07/29/08	Recycle	10,720	P			
				276,060		34,508		G
Shell Global	69569	08/04/08	Recycle	44,800	P			
Shell Global	69588	08/05/08	Recycle	44,660	P			
Shell Global	69602	08/05/08	Recycle-Rail Pit	37,280	P			
Shell Global	70311	08/14/08	Recycle	12,260	P			
Shell Global	70504	08/18/08	Recycle	31,400	P			
Shell Global	70522	08/19/08	Recycle	19,540	P			
Shell Global	70549	08/21/08	Recycle	14,240	P			
Shell Global	70912	08/25/08	Recycle	11,100	P			
Shell Global	71125	08/28/08	Recycle	11,180	P			
Shell Global	71201	08/29/08	Recycle	4,871	P			
				231,331		28,916		G
Shell Global	71286	09/02/08	Recycle	24,860	P			
Shell Global	71474	09/04/08	Recycle	17,160	P			
Shell Global	71466	09/04/08	Recycle	7,820	P			
Shell Global	71898	09/11/08	Recycle	34,040	P			
Shell Global	72116	09/16/08	Recycle	26,640	P			
Shell Global	72496	09/23/08	Recycle	28,060	P			
Shell Global	72779	09/29/08	recycle	3,200	P			
				141,780		17,723		G
Shell Global	73397	10/08/08	Recycle	40,840	P			
Shell Global	73399	10/10/08	Recycle	35,320	P			
Shell Global	74068	10/15/08	Recycle	11,160	P			
Shell Global	74104	10/16/08	Recycle	10,500	P			
Shell Global	74570	10/27/08	Recycle	35,880	P			
Shell Global	74875	10/31/08	Recycle	5,780	P			
				139,480		17,435		G
Shell Global	75653	11/10/08	Recycle	38,140	P			
Shell Global	75859	11/12/08	Recycle	33,380	P			
Shell Global	75969	11/13/08	Recycle	5,000	P			
				76,520		9,565		G

	Gallons	
January Base Oil Water	48,954	
February Base Oil Water	58,198	
March Base Oil Water	990	
April Base Oil Water	8,603	
May Base Oil Water	7,023	
June Base Oil Water	26,612	
July Base Oil Water	34,508	
August Base Oil Water	28,916	
September Base Oil Water	17,723	
October Base Oil Water	17,435	
November Base Oil Water	9,565	end 11/13/08
December Base Oil Water	0	
2008 year total Base Oil Water	258,526	

	Gallons	
January Recycle-Oily Water	480,065	
February Recycle-Oily Water	547,450	
March Recycle-Oily Water	417,411	
April Recycle-Oily Water	493,339	
May Recycle-Oily Water	662,173	
June Recycle-Oily Water	550,726	
July Recycle-Oily Water	753,764	
August Recycle-Oily Water	1,036,485	
September Recycle-Oily Water	703,413	
October Recycle-Oily Water	691,533	
November Recycle-Oily Water	341,191	end 11/14/08
December Recycle-Oily Water	0	
2008 year total Recycle-Oily Water	6,677,549	gal

Emission Summary

2008 Emissions Estimates

Evaluation:		Piping Components (Fugitive)		Distillation		Centerfuge		Storage		Loading		Total	
Component	CAS	Emissions (lb/hr)	Emissions (TPY)	Emissions (lb/hr)	Emissions (TPY)	Emissions (lb/hr)	Emissions (TPY)	Emissions (lb/hr)	Emissions (TPY)	Emissions (lb/hr)	Emissions (TPY)	Emissions (lb/hr) ¹	Emissions (TPY)
Xylene	106-42-3	0.0000	0.0000	-	-	-	-	0.3087	0.0565	0.0052	0.0000	0.3139	0.0565
Naphtha		-	-	-	-	-	-	0.0425	0.0078	-	-	0.0425	0.0078
Oil		0.1460	0.6396	0.0714	0.3128	0.0259	0.0330	0.7583	0.1471	0.0712	0.0706	1.0729	1.2031
Sulfuric Acid	7664-93-9			-	-	-	-	3.75E-04	2.02E-06	-	-	0.0004	0.0000
Total VOC	N/A	0.15	0.64	0.07	0.31	0.03	0.03	2.41	0.45	0.09	0.07	2.76	1.57

Project Total Emissions:	VOC
TPY	1.57

EPAHQ043001127

CES Environmental Services
Houston, TX
Estimated Tank Emissions

DATA ENTRY

Tank Identification		cid Tank	Emulsion Breaker Tank	Centrifuge
EPN		ST-1	ET-1	SV-1
Material Stored		Ifuric Acid	Emulsion Breaker	Oil/Water
Tank Capacity	Vol., gallons	4,000	270	16,800
Throughput	gallons	20,000	250	6,677,549
Tank Controlled	Yes/No	No	No	No
Control Efficiency	e, %	0.00	0.00	0.00
Shell Height	Hs, ft	20.0	20.0	20.0
Shell Length	Ls, ft	12.0	12.0	12.0
Orientation	Vertical=1/Horizontal	1	1	1
Fill Rate	gallons/hr	4,000	250	3,000
Molecular Weight, lb/lb-mole		98.073	95.086	150.000
Vapor Pressure @ Tln, psia	526.90 R	3.82E-06	0.0808	0.0100
Vapor Pressure @ Tla, psia	537.23 R	7.17E-06	0.1122	0.0100
Vapor Pressure @ Tlx, psia	547.57 R	1.31E-05	0.1534	0.0100
Max. Vapor Pressure @ Tlx, psia	567.80 R	4.02E-05	0.2729	0.0100

ESTIMATED EMISSIONS

Maximum Hourly Losses	Lm, lb/hr	0.000	0.154	0.026
Standing Losses	Ls, lb/yr	0.00	56.72	8.32
Working Losses	Lw, lb/yr	0.00	0.06	57.75
Uncontrolled Total Losses	Lt, lb/yr	0.00	56.79	66.07
	Lt, ton/yr	0.0000	0.0284	0.0330
Controlled Total Losses	Lmc, lb/hr	N/A	N/A	N/A
	Ltc, ton/yr	N/A	N/A	N/A

PHYSICAL PARAMETER CALCULATIONS

Diameter, D	Effective diameter, De	12.0	12.0	12.0
Avg. Liquid Height	Hi, ft	10.0	10.0	10.0
Max. Liquid Height	Hlx, ft	4.7	0.3	19.9
Cone Roof Outage	Hro, ft	0.125	0.125	0.125
Vapor Space Outage	Hvo, ft	10.125	10.125	10.125
Vapor space volume	Vv, ft^3	1144.53	1144.53	1144.53
Breather vent pressure setting	Pbp, psig	0.03	0.03	0.00
Breather vent vacuum setting	Pbv, psig	-0.03	-0.03	0.00
Gas Constant	R, psia-ft^3/lb mole-	10.732	10.732	10.732
Vapor Density	Wv, lb/ft^3	0.0000	0.0018	0.0003
Daily vapor pressure range	ΔPv, psia	0.0000	0.0726	0.0000
Vapor space expansion factor	Ke	0.073	0.078	0.077
Vented vapor saturation factor	Ks	1.000	0.943	0.995
Working Loss Product Factor	Kp	1.00	1.00	1.00
Net Annual Throughput	Q, bbl/yr	476.2	6.0	158,989.3
Turnovers	N	5.0	0.9	397.5
Turnover factor	Kn	1.00	1.00	0.24

MAX. HRLY LOSSES: Lm = (Lwn

STANDING LOSSES: Ls = 365

WORKING LOSSES: Lw = 0.00
Lwmax = 0.00

UNCONTROLLED

TOTAL HOURLY LOSSES:

TOTAL ANNUAL LOSSES:

CONTROLLED

TOTAL HOURLY LOSSES:

TOTAL ANNUAL LOSSES:

METEOROLOGICAL CALCULATIONS:

Data Location	Hous
Daily avg. liquid surface temp., R	Tla
Daily avg. ambient temp., R	Taa
Liquid bulk temp., R	Tb
Daily solar insulation factor, Btu/ft^2 day	I
Atmospheric pressure, psia	Pa
Daily max. ambient temp., R	Tax
Daily min. ambient temp., R	Tan
Daily vapor temp. range, R	ΔTv
Daily max. liquid surface temp., R	Tlx
Daily min. liquid surface temp., R	Tln
Solar absorbance factor	a

Loading Emissions

TRANSPORT VESSEL LOADING

From AP-42 Chapter 5

LL = 12.46 SPM/T lb/1000 gal

S = Saturation Factor = 0.6

P = Vapor Pressure = 0.01 psia

M = Molecular Weight = 150 lb/lbmole

T = Temperature = 660 R

LL = 0.0170 lb/1000 gal

Maximum Load Rate 3000.0000 gal/hr

Annual Throughput 6,936,074.86 gal/yr

Oil Loading Emissions = 0.0510 lb/hr 0.0589 tpy

Loading and unloading of light ends is vapor balanced and therefore does not generate emissions.

Before being disconnected the loading hose is blown into the truck/railcar with nitrogen, leaving only residual liquid clingage on the walls of the hose. It is conservatively assumed that all of the residual material in the line evaporates.

TRANSFER LINE DISCONNECTING - VOC

EPN - OL-1

Product	Clingage Factor (bbl/1000 ft ²)	Product Volume (gal)	Density (lb/gal)	Clingage Mass in Line (lb)	Vapor Pressure (psia)	MW (lb/lbmole)	Vapor Mass in Line (lb)	VOC Emissions (lb/hr)	Loads (year)	VOC Emissions (TPY)
Oil	0.0015	0.00237	8.5	0.0202	0.01	150	2.18E-07	0.0202	1156	0.0117
Max. VOC								0.0202		0.0117

Notes:

- Volume Product = Line Surface Area (3.14 x D x L) x Clingage Factor x 42 gal/bbl / 1000
- Clingage Factor from AP-42 Chapter 7.
- Mass in Line = (Product Volume x Density)

Line Dimensions:

L 6 ft
D 2 in
Line Volume (V) 0.13 cu ft
Line Area (A) 37.68 sq ft
Where $V = \pi \cdot r^2 \cdot L$

Fugitive Emissions

Basis Information:

COMPONENTS	Gas/Vapor Components	Light Liquid Components	Heavy Liquid Components	Estimated Fugitive Emissions Lights		Estimated Fugitive Emissions Heavies	
	(comp.)	(comp.)	(comp.)	lb/hr	ton/yr	lb/hr	ton/yr
VALVES	0	5	70	0.0005	0.0023	0.0343	0.1502
FLANGES	0	15	210	0.0053	0.0230	0.0103	0.0451
PUMP SEALS	0	1	9	0.0027	0.0118	0.1014	0.4443
OPEN ENDED LINES	0	0	0	0.0000	0.0000	0.0000	0.0000
DRAINS	0	0	0	0.0000	0.0000	0.0000	0.0000
RELIEF VALVES	0	1	0	0.0069	0.0301	0.0000	0.0000
SAMPLE CONNECTIONS*	0	0	0	0.0000	0.0000	0.0000	0.0000
TOTAL	0	22	289	0.0154	0.0673	0.1460	0.6396

Component Emission Factors

Component	Gas/Vapor Factor (lb/hr/comp)	28 M % Reduction (%)	Light Liquid Factor (lb/hr/comp)	28 M % Reduction (%)	Heavy Liquid Factor (lb/hr/comp)	28 M % Reduction (%)
VALVES	0.0089	97.0	0.0035	97.0	0.0007	30.0
FLANGES	0.0029	97.0	0.0005	30.0	0.00007	30.0
PUMP SEALS	0.0386	93.0	0.0386	93.0	0.0161	30.0
OPEN ENDED LINES	0.004	100.0	0.004	75.0	0.004	100.0
DRAINS	0.004	97.0	0.0027	97.0	0.0027	30.0
RELIEF VALVES	0.2293	97.0	0.2293	97.0	0.2293	30.0
SAMPLE CONNECTIONS*	0.0330	97.0	0.0000	97.0	0.0000	30.0

Emission Factors from TCEQ guidance document on equipment leaks.

Includes Flange Monitoring

* Sample connections are capped or blinded.

EP/AHO043001130

Fugitive Emissions

Speciation

Name	Max. Liquid wt frac.	Emissions	
		lb/hr	ton/yr
Oil	1.00	0.1460	0.6396

- 1) Composition is based on worst case weight fraction for each component to allow for variation.
- 2) Relief valves on oil tanks are accounted for by setting the tank vent settings to zero in the tank emission calculations.

CES ENVIRONMENTAL SERVICES

SIB Wastewater 2008 YTD	314,900	P	39,363	G
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Generator	Job #	Job Date	Description	Qty	P
KMCO, Inc.	62705	04/08/08	RQ, Waste corrosive, liquid, basic, inorganic (sodium hydroxide), 8, UN3266, PG II	48,000	P
KMCO, Inc.	62704	04/14/08	RQ, Waste corrosive, liquid, basic, inorganic (sodium hydroxide), 8, UN3266, PG II	37,020	P
KMCO, Inc.	62247	04/14/08	RQ, Waste corrosive, liquid, basic, inorganic (sodium hydroxide), 8, UN3266, PG II	47,320	P
KMCO, Inc.	62961	04/14/08	RQ, Waste corrosive, liquid, basic, inorganic (sodium hydroxide), 8, UN3266, PG II	41,160	P
KMCO, Inc.	63640	04/14/08	RQ, Waste corrosive, liquid, basic, inorganic (sodium hydroxide), 8, UN3266, PG II	39,460	P
KMCO, Inc.	63948	04/14/08	RQ, Waste corrosive, liquid, basic, inorganic (sodium hydroxide), 8, UN3266, PG II	39,600	P
KMCO, Inc.	62960	04/15/08	RQ, Waste corrosive, liquid, basic, inorganic (sodium hydroxide), 8, UN3266, PG II	35,360	P
KMCO, Inc.	63639	04/16/08	RQ, Waste corrosive, liquid, basic, inorganic (sodium hydroxide), 8, UN3266, PG II	26,960	P
				141,380	
KMCO, Inc.	63581	05/12/08	RQ, Waste corrosive, liquid, basic, inorganic (sodium hydroxide), 8, UN3266, PG II	41,780	P
KMCO, Inc.	63931	05/13/08	RQ, Waste corrosive, liquid, basic, inorganic (sodium hydroxide), 8, UN3266, PG II	41,660	P
KMCO, Inc.	62262	05/14/08	RQ, Waste corrosive, liquid, basic, inorganic (sodium hydroxide), 8, UN3266, PG II	45,000	P
KMCO, Inc.	62706	05/15/08	RQ, Waste corrosive, liquid, basic, inorganic (sodium hydroxide), 8, UN3266, PG II	45,080	P
				173,520	

SUMMARY OF EMISSIONS AND PBR APPLICABILITY DOCUMENTATION
BASED ON 2008 YTD - 39,363 gallon wastewater

PBR 106.472

Chemical	Storage		Fugitives		Total	
	lb/hr	TPY	lb/hr	TPY	lb/hr	TPY
Sodium Sulfide	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Sodium Hydrosulfide	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Sulfuric Acid	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Ferric chloride	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
calcium hydroxide	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Neutralization salts	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000

PBR 106.261 / 106.262

Chemical	Storage		Fugitives		Total	
	lb/hr	TPY	lb/hr	TPY	lb/hr	TPY
Isobutylene	0.1147	0.0258	0.0000	0.0001	0.1147	0.0259
Hydrogen peroxide	0.0009	0.0000	0.0011	0.0047	0.0020	0.0048
					0.1167	0.0307
						TOTAL

PBR Compliance

Chemical	Applicable PBR	TLV mg/m ³	PBR Allowable		PBR Compliance	
			lb/hr	TPY	lb/hr	TPY
Isobutylene	106.261	-	1.00	10.0	YES	YES
Hydrogen peroxide	106.262	1.4	0.009	5.0	YES	YES

PBR Allowables:

106.261 lb/hr ton/yr
 1.0 10.0

106.262 E=L/K 5.0

L = TLV (mg/m³)

K = 157 ,receptor distance > 270 ft

EPAHO043001133

TANK EMISSION CALCULATIONS

permit gal/yr

832,000

582,400

499,200

45,760

6,240

104,000

1,493,440

	Tank ID:	T1	H1	H2	S	F	C	ST
	Material:	Sulfurized Isobutylene	Hydroxide Peroxide 35%	Hydrogen Peroxide 10%	Sulfuric Acid	Ferric Chloride	Calcium Hydroxide	Sludge/Treated Wastewater
Annual Throughput, gal/yr	Q =	39,363	27,554	23,618	2,165	295	4,920	70,657
Max Hourly Transfer Rate, gal/hr	FR =	4,000	1,100	550	50	50	50	50
Emissions:								
Maximum Hourly Emissions, lb/hr	Lmax =	0.13528	0.00212	0.00150	0.00000	0.01551	0.01389	0.00000
Total Annual Emissions, TPY	Lt =	0.03044	0.00243	0.00005	0.00000	0.00046	0.00318	0.00000
Annual Average Hourly Emis, lb/hr	Lavg =	0.007	0.001	0.00001	0.000	0.000	0.001	0.000
Standing loss, lb/yr	Ls =	19.011	3.293	0.072	0.000	0.871	5.626	0.000
Working loss, lb/yr	Lw =	41.870	1.568	0.035	0.000	0.049	0.729	0.000
Material Properties:								
Molecular Weight, lb/lb-mole	Mv =	42.42	6.87	8.08	98.07	18.00	18.00	0.00
Vapor Pressure @ Tia, psia	Pva =	1.05	0.35	0.39	0.00	0.39	0.35	0.00
Vapor Pressure @ Tln, psia	Pvn =	0.93	0.29	0.33	0.00	0.33	0.29	0.00
Vapor Pressure @ Tlx, psia	Pvx =	1.19	0.41	0.46	0.00	0.46	0.41	100.00
Max. Vapor Pressure @ mTlx, psia	Pvmax =	1.67	0.59	0.71	0.00	0.72	0.65	0.00
Tank Properties:								
Vapor control device		scrubber	scrubber	scrubber	scrubber	none	none	scrubber
Vapor control efficiency, %	e =	98	98	98	98	0	0	98
Capacity volume, gal	Cv =	9,975	5,398	547	940	595	4,230	940
Shell Diameter, ft	D =	8.5	8.3	4.5	4.0	4.5	12.0	4.0
Shell Height/Length, ft	Hs =	23.5	13.5	4.6	10.0	5.0	5.0	10.0
Tank Orientation (vertical or horizontal)		vert	horiz	vert	vert	vert	vert	vert
Roof type (cone or dome)		cone	N/A	cone	cone	cone	cone	cone
Tank Color (white, light gray, other)		white	white	white	white	white	white	white
Solor absorbance factor	a =	0.17	0.17	0.17	0.17	0.17	0.17	0.17
Pressure vent setting, psig	Pbp =	0.3	0	0.3	0	0	0	0
Vacuum vent setting, psia	Pbv =	-0.3	0	-0.3	0	0	0	0
Effective diameter, ft	De =	8.5	11.9	4.5	4.0	4.5	12.0	4.0
Avg. Liquid Height, ft	Hl =	11.8	4.1	2.3	5.0	2.5	2.5	5.0
Max. Liquid Height, ft	Hlx =	23.5	8.3	4.6	10.0	5.0	5.0	10.0
Roof Outage, ft	Hro =	0.00	0.00	0.05	0.04	0.05	0.13	0.04
Vapor Space Outage, ft	Hvo =	11.75	4.13	2.35	5.04	2.55	2.63	5.04
Vapor space volume, ft ³	Vv =	666.75	459.65	37.33	63.36	40.51	296.88	63.36

EPAHQ043001134

Operating Conditions (Houston, Tx):								
Atmospheric pressure, psia	Pa =	14.7	14.7	14.7	14.7	14.7	14.7	14.7
Annual Avg. Daily solar insulation factor, Btu/ft ² day	I =	1351	1351	1351	1351	1351	1351	1351
Annual Avg. Daily max. ambient temp, R	Tax =	539.1	539.1	539.1	539.1	539.1	539.1	539.1
Annual Avg. Daily min. ambient temp, R	Tan =	517.4	517.4	517.4	517.4	517.4	517.4	517.4
Annual Avg. Daily vapor temp. range, R	^Tv =	22.1	22.1	22.1	22.1	22.1	22.1	22.1
Annual Daily avg. liquid surface temp, R	Tla =	530.1	530.1	520.0	530.1	530.1	530.1	530.1
Annual Avg. Daily min. liquid surface temp., R	Tln =	524.6	524.6	515.0	524.6	524.6	524.6	524.6
Annual Avg. Daily max. liquid surface temp., R	Tlx =	535.6	535.6	525.0	535.6	535.6	535.6	535.6
Highest Month Daily solar insulation factor, Btu/ft ² day	ml =	1898	1898	1898	1898	1898	1898	1898
Highest Month Daily max. ambient temp, R	mTax =	553.6	553.6	553.6	553.6	553.6	553.6	553.6
Highest Month Daily min. ambient temp, R	mTan =	532.5	532.5	532.5	532.5	532.5	532.5	532.5
Highest Month Daily vapor temp. range, R	m^Tv =	24.2	24.2	24.2	24.2	24.2	24.2	24.2
Highest Month Daily max. liquid surface temp., R	mTlx =	551.7	551.7	525.0	551.7	551.7	551.7	551.7
Gas Constant, psia-ft ³ /lb mole-R	R =	10.73	10.73	10.73	10.73	10.73	10.73	10.73
Vapor Density, lb/ft ³	Wv =	0.008	0.000	0.001	0.000	0.001	0.001	0.000
Daily vapor pressure range, psia	^Pv =	0.257	0.124	0.134	0.000	0.131	0.117	100.000
Vapor space expansion factor	Ke =	0.016	0.050	0.010	0.042	0.051	0.050	6.844
Vented vapor saturation factor	Ks =	0.604	0.929	0.954	1.000	0.950	0.954	1.000
Working Loss Product Factor	Kp =	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Turnovers	N =	3.95	5.10	43.16	2.30	0.50	1.16	75.17
Turnover factor	Kn =	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Operating Days, days/yr	Days =	365	365	365	365	365	365	365

TANK EMISSION SPECIATION

	Tank ID: EPN:	T1		H1		H2		S		F		C		ST			
		T1		H1		H2		S		F		C		ST			
Stream	wt frac.	lb/hr	TPY	lb/hr	TPY	lb/hr	TPY	lb/hr	TPY	lb/hr	TPY	lb/hr	TPY	lb/hr	TPY		
Isobutylene	0.8476	0.1147	0.0258														
Sodium Sulfide(salt)	0.0000	0.0000	0.0000														
Sodium Hydrosulfide (salt)	0.0000	0.0000	0.0000														
Water	0.1524	0.0206	0.0046														
Hydrogen Peroxide 35%	0.2858															0.0006	0.0000
Hydrogen Peroxide 10%	0.2191																
Sulfuric Acid	1.0000																
Ferric Chloride solution	0.0000																
water	1.0000																
Calcium Hydroxide	0.0000																
Water	1.0000																
Neutralization salts	0.0000																
Water	0.0000																

Speciation	lb/hr	TPY
Isobutylene	0.1147	0.0258
Sodium Sulfide(salt)	0.0000	0.0000
Sodium Hydrosulfide (salt)	0.0000	0.0000
Hydrogen Peroxide	0.0009	0.0000
Sulfuric Acid	0.0000	0.0000
Ferric Chloride solution	0.0000	0.0000
Calcium Hydroxide	0.0000	0.0000
Neutralization salts	0.0000	0.0000
Water	0.0500	0.0433

FUGITIVE EMISSION ESTIMATES

MATERIAL	FIN	VP (psia)	Liquid wt frac.	Stream Type LL,HL,G/V	Valves		Flanges	Gas/Vapor		Gas/Vapor		Pumps	Relief		Agitator	Total lb/hr	EMISSIONS				
					lbs/hr			lbs/hr	Valves	lbs/hr	Flanges		lbs/hr	Valves			lbs/hr	(lb/hr)	(ton/yr)		
Isobutylene	T1	1.67428	0.0500	LL	8	0.00084	22	0.00033	0	0	0	0	1	0.002702	1	0.006879	1	0.000015	0.0005	0.0000	0.0001
Hydrogen peroxide 30%	H1	0.58773	0.3000	LL	8	0.00084	20	0.0003	0	0	0	0	1	0.002702	1	0.006879	0	0	0.0032	0.0010	0.0042
Hydrogen peroxide 10 %	H2	0.70865	0.1000	LL	16	0.00168	44	0.00066	0	0	0	0	1	0.002702	1	0.006879	1	0.000015	0.0012	0.0001	0.0005
																				0.0011	0.0049

Speciation	Total lb/hr	TPY
Isobutylene	0.0000	0.0001
Hydrogen peroxide	0.0011	0.0047
Total	0.0011	0.0049

Total is multiplied by liquid weight fraction
365 days in service

Monitoring is performed in accordance with TCEQ AVO.

SOCMI Factors	Valves	Flanges	G/V Vlv	G/V Flng	Pumps	Relief Vlv	Agitator
Light Liquid (LL)	0.0035	0.0005	--	--	0.0386	--	0.0005
Gas / Vapor (G/V)	--	--	0.0089	0.0029	--	0.2293	--
Heavy Liquid (HL)	0.0007	0.00007	--	--	0.0161	--	0.00007
LL,G/V - Efficiency (%)	97	97	97	97	93	97	97
HL - Efficiency (%)	0	0	30	30	0	0	0

* Per TNRCC guidance, fugitive emissions are not estimated for materials with vapor pressure < 0.002 psia.

PERMIT BY RULE APPLICABILITY**SUMMARY OF PROJECT CHEMICALS**

CAS No.	Chemical	PBR
115-11-7	Isobutylene	106.261
772-84-1	Hydrogen peroxide	106.262
1313-82-2	Sodium Sulfide	106.472
16721-80-5	Sodium Hydrosulfide	106.472
7664-93-9	Sulfuric Acid solution	106.472
7705-08-0	Ferric chloride	106.472 / 106.532
1305-62-0	Calcium hydroxide	106.472 / 106.532
---	Polymer solution	106.532
---	Wastewater	106.532

SUMMARY OF PROJECT EQUIPMENT

Status	FIN	Description	Project Use	PBR
new	T1	10,000 gal capacity Vert Fixed Roof Treatment Tank	Treatment Tank	106.472 (2), 106.532
new	CSV	Casutic diffuser scrubber vessel	vent control	106.261 / 106.262
new	H1	5,500 gal capacity Horz Fixed Roof Tank	Hydrogen Peroxide 35% storage	106.262
new	H2	550 gal capacity tote	Hydrogen Peroxide 10% storage	106.262
new	S	220 gal capacity Vert Fixed Roof vessel	Sulfuric Acid Storage	106.472 (5)
existing	F	600 gal capacity Vert Fixed Roof	Ferric chloride storage	106.472 (3) / 106.532
existing	C	4,000 gal capacity Vert Fixed Roof	calcium hydroxide	106.472 (3) / 106.532
N/A	P	55 gal drum	Polymer solution storage	106.532
existing	ST	sludge tank	Waste Water separation	106.532

Storage Tanks

2008

Tank ID	TYPE FXR or IFR	Orientation vert./horiz.	Roof Type cone/dome	Shell Color	Solar Absorptance factor	Shell Diameter (ft)	Shell Height/Length (ft)	Calculated Capacity (gal)	Fill/Withdraw Rate (gal/hr)	Annual Rate gal /year	ratio to SiB
T1	FXR	vert	cone	white	0.17	8.5	23.5	9,974.6	4,000.0	39,363	
H1	FXR	horiz	N/A	white	0.17	8.25	13.5	5,398.0	1,100.0	27,554	0.700
H2	FXR	vert	cone	white	0.17	4.5	4.6	547.2	550.0	23,618	0.600
S	FXR	vert	cone	white	0.17	4	10	940.0	50.0	2,165	0.055
F	FXR	vert	cone	white	0.17	4.5	5	594.8	50.0	295	0.008
C	FXR	vert	cone	white	0.17	12	5	4,229.8	50.0	4,920	0.125
P	FXR	vert	cone	white	0.17	1.5	4	52.9	50.0	295	0.008
T2	FXR	vert	cone	white	0.17	8	22	8,271.7	50.0	70,657	1.795
ST	FXR	vert	cone	white	0.17	4	10	940.0	50.0	70,657	1.795
										days per week	4
										weeks per yr	52

30%	2,800.0	
tank	4,000.0	60%
10%	2,400.0	36%
sulfuric	220.0	3%
	6,620.0	100%

T1	H1	H2	S	F	C	P	T2	ST
Treatment tank initial	Hydroxide Peroxide 30 %	Hydroxide Peroxide 10 %	sulfuric Acid	ferric chloride	calcium hydroxide	polymer tank	Treatment tank final	Sludge tank

SIB PROJECT STREAMS

Material

TREATMENT TANK before treatment

Constituents	TLV (mg/m3)	MW (lb/lb mole)	Antoine Constants			Density (lb/gal)	Conc. wt %	STORAGE						STORAGE					
			A	B	C			ANNUAL		ANNUAL		ANNUAL		MAXIMUM HOURLY		MAXIMUM HOURLY		MAXIMUM HOURLY	
								Liquid moles	Liquid mole frac	Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.	Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.
Isobutylene	-	56.1072	6.841	923.2	240	4.95	5.00	0.0891	0.0173	0.6749	0.6127	0.7417	35.9543	0.8476	--	--	0.9649	35.954	0.8476
Sodium Sulfide(salt)	78.03954	0	9999	1	11	2.50	2.50	0.0320	0.0062	0.0000	0.0000	0.0000	0.0000	0.0000	--	--	0.0000	0.000	0.0000
Sodium Hydrosulfide (salt)	56.05767	0	9999	1	10.842	2.50	2.50	0.0446	0.0086	0.0000	0.0000	0.0000	0.0000	0.0000	--	--	0.0000	0.000	0.0000
Water	18	6.93897	1326.48	214.31	8.34	90.00	90.00	5.0000	0.9679	0.3783	0.3188	0.4469	6.4653	0.1524	--	--	0.7094	6.465	0.1524
Total							100.0	5.2	1.0	1.1	0.9	1.2	42.4	1.0	0.0	0.0	1.7	42.4	1.0
							Total	Total	Total	Pva	Pvn	Pvx	Mv	Total	Pva	Pvn	Pvx	Mv	Total

Constituents	TLV (mg/m3)	MW (lb/lb mole)	Antoine Constants			Density (lb/gal)	Conc. wt %	STORAGE						STORAGE					
			A	B	C			ANNUAL		ANNUAL		ANNUAL		MAXIMUM HOURLY		MAXIMUM HOURLY		MAXIMUM HOURLY	
								Liquid moles	Liquid mole frac	Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.	Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.
Hydrogen Peroxide 35%	1.391	34.001	6.09	733.91	131.29	11.732	30.00	0.8823	0.1667	0.0608	0.0485	0.0757	1.9634	0.2858	--	--	0.0494	1.963	0.0463
Water	18	6.93897	1326.48	214.31	8.34	70.00	70.00	3.8889	0.7346	0.2871	0.2420	0.3391	4.9067	0.7142	--	--	0.5384	4.907	0.1157
Total							100.00	4.7712	0.9012	0.3479	0.2904	0.4148	6.8701	1.0000	0.0000	0.0000	0.5877	6.8701	0.1620
							Total	Total	Total	Pva	Pvn	Pvx	Mv	Total	Pva	Pvn	Pvx	Mv	Total

Constituents	TLV (mg/m3)	MW (lb/lb mole)	Antoine Constants			Density (lb/gal)	Conc. wt %	STORAGE						STORAGE					
			A	B	C			ANNUAL		ANNUAL		ANNUAL		MAXIMUM HOURLY		MAXIMUM HOURLY		MAXIMUM HOURLY	
								Liquid moles	Liquid mole frac	Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.	Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.
Hydrogen Peroxide 10%	1.391	34.001	6.09	733.91	131.29	11.732	10.00	0.2941	0.0556	0.0203	0.0162	0.0252	1.7702	0.2191	--	--	0.0165	1.770	0.0417
Water	18	6.93897	1326.48	214.31	8.34	90.00	90.00	5.0000	0.9444	0.3691	0.3111	0.4360	6.3086	0.7809	--	--	0.6922	6.309	0.1487
Total							100.00	5.2941	1.0000	0.3894	0.3273	0.4612	8.0787	1.0000	0.0000	0.0000	0.7086	8.0787	0.1904
							Total	Total	Total	Pva	Pvn	Pvx	Mv	Total	Pva	Pvn	Pvx	Mv	Total

Constituents	TLV (mg/m3)	MW (lb/lb mole)	Antoine Constants			Density (lb/gal)	Conc. wt %	STORAGE						STORAGE					
			A	B	C			ANNUAL		ANNUAL		ANNUAL		MAXIMUM HOURLY		MAXIMUM HOURLY		MAXIMUM HOURLY	
								Liquid moles	Liquid mole frac	Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.	Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.
Sulfuric Acid	1	98.07	10.468	4145.84	273.15	15.27	100	1.0197	1.0000	0.0000	0.0000	0.0000	98.0700	1.0000	--	--	0.0000	98.070	1.0000
Total							100	1.0197	1.0000	0.0000	0.0000	0.0000	98.0700	1.0000	0.0000	0.0000	0.0000	98.070	1.0000
							Total	Total	Total	Pva	Pvn	Pvx	Mv	Total	Pva	Pvn	Pvx	Mv	Total

Constituents	TLV (mg/m3)	MW (lb/lb mole)	Antoine Constants			Density (lb/gal)	Conc. wt %	STORAGE						STORAGE					
			A	B	C			ANNUAL		ANNUAL		ANNUAL		MAXIMUM HOURLY		MAXIMUM HOURLY		MAXIMUM HOURLY	
								Liquid moles	Liquid mole frac	Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.	Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.
Ferric Chloride solution	162.2	0	9999	1	12.59	10.00	10.00	0.0617	0.0122	0.0000	0.0000	0.0000	0.0000	0.0000	--	--	0.0000	0.000	0.0000
water	18	6.93897	1326.48	214.31	8.34	90.00	90.00	5.0000	0.9878	0.3861	0.3254	0.4560	18.0000	1.0000	--	--	0.7240	18.000	1.0000
Total							100.0	5.0617	1.0000	0.3861	0.3254	0.4560	18.0000	1.0000	0.0000	0.0000	0.7240	18.000	1.0000
							Total	Total	Total	Pva	Pvn	Pvx	Mv	Total	Pva	Pvn	Pvx	Mv	Total

Constituents	TLV (mg/m3)	MW (lb/lb mole)	Antoine Constants			Density (lb/gal)	Conc. wt %	STORAGE						STORAGE					
			A	B	C			ANNUAL		ANNUAL		ANNUAL		MAXIMUM HOURLY		MAXIMUM HOURLY		MAXIMUM HOURLY	
								Liquid moles	Liquid mole frac	Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.	Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.
Calcium Hydroxide	74.0946	0	9999	1	6.54	35.00	35.00	0.4724	0.1157	0.0000	0.0000	0.0000	0.0000	0.0000	--	--	0.0000	0.000	0.0000
Water	18	6.93897	1326.48	214.31	8.34	65.00	65.00	3.6111	0.8843	0.3456	0.2913	0.4083	18.0000	1.0000	--	--	0.6481	18.000	1.0000
Total							100.0	4.0835	1.0000	0.3456	0.2913	0.4083	18.0000	1.0000	0.0000	0.0000	0.6481	18.000	1.0000
							Total	Total	Total	Pva	Pvn	Pvx	Mv	Total	Pva	Pvn	Pvx	Mv	Total

										PROCESS									
TREATMENT TANK after oxidation										ANNUAL					MAXIMUM HOURLY				
Constituents	TLV (mg/m3)	MW (lb/lb mole)	Antoine Constants			Density (lb/gal)	Conc. wt %	Liquid moles	Liquid mole frac	Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.	Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.
Isobutylene		56.1072	6.841	923.2	240	5.004	0.00	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	--	--	0.0000	0.000	0.0000
Hydrogen Peroxide 10%	1.391	34.001	6.09	733.91	131.29	11.732	0.00	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	--	--	0.0000	0.000	0.0000
Water		18	6.93897	1326.48	214.31	8.34	70.00	3.8889	0.8682	0.3393	0.2860	0.4008	18.0000	1.0000	--	--	0.6363	18.000	1.0000
Salts		50	0	9999	1	12.72	29.00	0.5800	0.1295	0.0000	0.0000	0.0000	0.0000	0.0000	--	--	0.0000	0.000	0.0000
Sulfuric Acid	1	98.07	10.468	4145.84	273.15	15.27	1.00	0.0102	0.0023	0.0000	0.0000	0.0000	0.0000	0.0000	--	--	0.0000	0.000	0.0000
							100.0	4.4791	1.0000	0.3393	0.2860	0.4008	18.0000	1.0000	0.0000	0.0000	0.6363	18.000	1.0000
							Total	Total	Total	Pva	Pvn	Pvx	Mv	Total	Pva	Pvn	Pvx	Mv	Total

Product										ANNUAL					MAXIMUM HOURLY				
Constituents	TLV (mg/m3)	MW (lb/lb mole)	Antoine Constants			Density (lb/gal)	Conc. wt %	Liquid moles	Liquid mole frac	Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.	Avg. Part. press.	Min. Part. press.	Max. A Part. press.	vapor wt.	vapor wt. frac.
Neutralization salts		50	0	9999	1	12.72	30.00	0.6000	1.0000	0.0000	0.0000	0.0000	0.0000	0.0000	--	--	0.0000	0.000	0.0000
Water		18	6.93897	1326.48	214.31	8.34	70.00	0.6000	1.0000	0.0000	0.0000	100.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.000	0.0000
							100.00	1.2000	2.0000	0.0000	0.0000	100.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.000	0.0000
							Total	Total	Total	Pva	Pvn	Pvx	Mv	Total	Pva	Pvn	Pvx	Mv	Total

Sulfurized Isobutylene component properties conservatively based on more volatile Isobutylene.

CES ENVIRONMENTAL SERVICES

Methylene Chloride mixture 2007		321,934	P	35,770	G
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Generator	Job #	Job Date	Description	Qty	P
PPG Industries, Inc	44092	06/29/07	Waste dichloromethane, 6.1, UN1593, PG III (FOR RECYCLE)	44,240	P
PPG Industries, Inc	45061	07/14/07	Waste dichloromethane, 6.1, UN1593, PG III (FOR RECYCLE)	39,040	P
PPG Industries, Inc	45587	07/23/07	Waste dichloromethane, 6.1, UN1593, PG III (FOR RECYCLE)	46,720	P
PPG Industries, Inc	45589	07/23/07	Waste dichloromethane, 6.1, UN1593, PG III (FOR RECYCLE)	43,000	P
PPG Industries, Inc	46643	08/08/07	Waste dichloromethane, 6.1, UN1593, PG III (FOR RECYCLE)	36,760	P
PPG Industries, Inc	46753	08/11/07	Waste dichloromethane, 6.1, UN1593, PG III (FOR RECYCLE)	39,674	P
PPG Industries, Inc	46752	08/11/07	Waste dichloromethane, 6.1, UN1593, PG III (FOR RECYCLE)	37,500	P
PPG Industries, Inc	47324	08/18/07	Waste dichloromethane, 6.1, UN1593, PG III (FOR RECYCLE)	35,000	P

PBR EVALUATION SUMMARY

Methylene Chloride 2007 actual emissions

Transloading

Chemical	CAS	TLV	PBR	Limit		Actual	
				lb/hr	tpy	lb/hr	tpy
MeCl ₂	75-09-2	26	262	0.077	0.336	0.054	0.212
Water	7732-18-5	N/A	N/A	N/A	N/A	N/A	N/A
Diesel	68334-30-5	N/A	261	6.0	10.0	0.008	0.000

Water Unloading and Distillation

Chemical	CAS	TLV	PBR	Limit		Actual	
				lb/hr	tpy	lb/hr	tpy
MeCl ₂	75-09-2	26	262	0.130	0.569	0.040	0.070
Water	7732-18-5	N/A	N/A	N/A	N/A	N/A	N/A
Diesel	68334-30-5	N/A	261	6.0	10.0	0.036	0.000

Note: The transloading step and distillation step do not occur in the same hour or the same location. Emissions resulting from each step are therefore evaluated separately.

Diesel is evaluated as a refinery petroleum fraction containing < 10% benzene [106.261(a)(2)]

for 106.262 E = L/K

For Transloading

Distance to nearest offsite receptor: D = 125 ft
K = 339

For water unloading and distillation

Distance to nearest offsite receptor: D = 200 ft
K = 200

Chemical Properties

Chemical	CAS	MW	Density	Antoine's		
			lb/gal	A	B	C
MeCl2	75-09-2	84.933	11.1339	7.0803	1138.91	231.46
Water	7732-18-5	18	8.34	6.09	733.91	131.29
Diesel	68334-30-5	130	7.1	7.117	2209.1	275

**CES Environmental Services
Fugitive Emissions**

Methylene Chloride Transloading

Component Type	Service	Quantity	Emission Factor	Operating Schedule	Uncontrolled Emissions		Control Efficiency	Controlled Emissions	
					lb/hr	tpy		lb/hr	tpy
Valves	Light Liquid	4	0.0035	8760	0.01	0.06	30	0.01	0.04
Valves	Gas/Vapor	0	0.0089	8760	0.00	0.00	30	0.00	0.00
Flanges	Light Liquid	10	0.0005	8760	0.01	0.02	30	0.00	0.02
Flanges	Gas/Vapor	4	0.0029	8760	0.01	0.05	30	0.01	0.04
Pumps	Light Liquid	1	0.0386	8760	0.04	0.17	30	0.03	0.12
Totals								0.05	0.21

It is conservatively assumed that emissions from methylene chloride transloading consist entirely of methylene chloride (no water).

Distillation Tank

Component Type	Service	Quantity	Emission Factor	Operating Schedule	Uncontrolled Emissions		Control Efficiency	Controlled Emissions	
					lb/hr	tpy		lb/hr	tpy
Valves	Light Liquid	4	0.0035	8760	0.01	0.06	30	0.01	0.04
Valves	Gas/Vapor	3	0.0089	8760	0.03	0.12	30	0.02	0.08
Flanges	Light Liquid	12	0.0005	8760	0.01	0.03	30	0.00	0.02
Flanges	Gas/Vapor	10	0.0029	8760	0.03	0.13	30	0.02	0.09
Pumps	Light Liquid	1	0.0386	8760	0.04	0.17	30	0.03	0.12
Totals								0.08	0.35

Speciation		Controlled Emissions	
Material	Wt %	lb/hr	tpy
MeCl ₂	20	0.02	0.07
Water	80	0.06	0.28

CES Environmental Services
Emissions from transloading of Methylene Chloride

The transloading process takes place in two steps. First from the in bound truck to the interface vessel, and then from the interface vessel to the product truck. The calculations shown here represent emissions from one of the steps. The result must then be doubled to determine the total emissions from the transloading process.

Emissions are routed through a diesel scrubber and carbon adsorption bed with a maximum exhaust concentration of 100 ppmv VOC.

$P = 14.7 \text{ psia}$
 $V \text{ (hourly)} = 800 \text{ gal/hr} = 106.95 \text{ ft}^3/\text{hr}$
 $V \text{ (annual)} = 35,770 \text{ gal/yr} = 4782.09 \text{ ft}^3/\text{yr}$
 $R = 10.73 \text{ (psi}\cdot\text{ft}^3)/(\text{lbmole}\cdot\text{R})$
 $T = 80 \text{ F} = 540 \text{ R}$
 $C = 100 \text{ ppmv VOC}$
 $\text{MW (MeCl}_2\text{)} = 84.933 \text{ lb/lbmole}$
 $\text{MW (Diesel)} = 130 \text{ lb/lbmole}$

Permit basis
450,000 gal/yr

$$PV = nRT$$

$$n = PV/RT$$

$$n(\text{VOC}) = n * C/1,000,000$$

$$\text{lb} = n * \text{MW} = \text{MW}(PV/RT)$$

	moles/hr	moles/yr
$n =$	0.27	12.13
$n(\text{VOC}) =$	$2.71\text{E-}05$	$1.21\text{E-}03$

Emissions per step

Chemical	lb/hr	tpy
MeCl ₂	$2.30\text{E-}03$	$5.15\text{E-}05$
Diesel	$3.53\text{E-}03$	$7.89\text{E-}05$

Total Emissions from transloading

Chemical	lb/hr	tpy
MeCl ₂	$4.61\text{E-}03$	$1.03\text{E-}04$
Diesel	$7.05\text{E-}03$	$1.58\text{E-}04$

CES Environmental Services**Emissions from unloading into distillation tank.**

After the MeCl₂ is removed from the bottom of the tank trailer, the water and residual dissolved MeCl₂ is pumped into a distillation tank.

Emissions are routed through a diesel scrubber and carbon adsorption bed with a maximum exhaust concentration of 100 ppmv VOC.

P = 14.7 psia
V (hourly) = 4000 gal/hr = 534.76 ft³/hr
V (annual) = 35,770 gal/yr = 4782.09 ft³/yr
R = 10.73 (psi*ft³)/(lbmole*R)
T = 80 F = 540 R
C = 100 ppmv VOC
MW (MeCl₂) 84.933 lb/lbmole
MW (Diesel) 130 lb/lbmole

Permit basis
450,000 gal/yr

$PV = nRT$
 $n = PV/RT$
 $n(\text{VOC}) = n * C/1,000,000$
 $\text{lb} = n * \text{MW} = \text{MW}(PV/RT)$

	moles/hr	moles/yr
n =	1.36	12.13
n (VOC) =	1.36E-04	1.21E-03

Emissions

Chemical	lb/hr	tpy
MeCl ₂	1.15E-02	5.15E-05
Diesel	1.76E-02	7.89E-05

CES Environmental Services
Emissions from distillation tank.

The distillation tank is heated to 120F to remove MeCl₂ overhead. The overhead vapors are then cooled to 70F. Flow rate is conservatively based on maximum vapor displacement.

Emissions are routed through a diesel scrubber and carbon adsorption bed with a maximum exhaust concentration of 100 ppmv VOC.

P =	14.7 psia		
V (hourly) =	4000 gal/hr =	534.76 ft ³ /hr	Permit basis
V (annual) =	35,770 gal/yr =	4782.09 ft ³ /yr	450,000 gal/yr
R =	10.73 (psi*ft ³)/(lbmole*R)		
T =	70 F =	530 R	
C =	100 ppmv VOC		
MW (MeCl ₂)	84.933 lb/lbmole		
MW (Diesel)	130 lb/lbmole		

$PV = nRT$
 $n = PV/RT$
 $n(\text{VOC}) = n * C/1,000,000$
 $\text{lb} = n * \text{MW} = \text{MW}(PV/RT)$

	moles/hr	moles VOC/hr
n =	1.38	12.36
n (VOC) =	1.38E-04	1.24E-03

Emissions

Chemical	lb/hr	tpy
MeCl ₂	1.17E-02	5.25E-05
Diesel	1.80E-02	8.03E-05

CES Environmental Services

Emissions from transfer of recovered MeCl₂ to interface and to tank truck

MeCl₂ recovered in the accumulator vessel during the distillation process is transferred into the interface vessel and then into the product truck tank. As with transloading, calculations shown here represent emissions from one of the steps. The result must then be doubled to determine the total emissions from the transloading process.

Emissions are routed through a diesel scrubber and carbon adsorption bed with a maximum exhaust concentration of 100 ppmv VOC.

P =	14.7 psia		
V (hourly) =	80 gal/hr =	10.70 ft ³ /hr	Permit basis
V (annual) =	715 gal/yr =	95.59 ft ³ /yr	9,000 gal/yr
R =	10.73 (psi*ft ³)/(lbmole*R)		
T =	80 F =	540 R	
C =	100 ppmv VOC		
MW (MeCl ₂)	84.933 lb/lbmole		
MW (Diesel)	130 lb/lbmole		

$PV = nRT$
 $n = PV/RT$
 $n(\text{VOC}) = n * C/1,000,000$
 $\text{lb} = n * \text{MW} = \text{MW}(PV/RT)$

	moles/hr	moles/yr
n =	0.03	0.24
n (VOC) =	2.71E-06	2.43E-05

Emissions per step

Chemical	lb/hr	tpy
MeCl ₂	2.30E-04	1.03E-06
Diesel	3.53E-04	1.58E-06

Total Emissions from transfer to interface vessel to truck

Chemical	lb/hr	tpy
MeCl ₂	4.61E-04	2.06E-06
Diesel	7.05E-04	3.15E-06

CES Environmental Services
Hose Clearing/Disconnecting Emissions

Hose Length: 30 feet
Hose Diameter: 2 inch = 0.17 ft
Hose Volume: 0.0218 ft³
Events Per Year: 9

Transloading Hoses:

The hose from the pump to the product tank is blown with air into the product tank. The displaced vapors are vented through the diesel scrubber and carbon. Using the transloading calculation and the volume of a hose, the resulting emissions are:

Chemical	lb/hr	tpy
MeCl ₂	4.70E-07	2.11E-09
Diesel	7.19E-07	3.24E-09

Following the transloading operations, the hose connecting the inbound truck to the interface vessel is gravity drained into the interface vessel and then disconnected. At that time, the line would contain water with approximately 2% dissolved MeCl₂.

The displacement of vapors through the interface vessel to control is the same as calculated above assuming 100 ppmv concentration. This is very highly conservative given the small quantity of MeCl₂ in the water.

Chemical	lb/hr	tpy
MeCl ₂	4.70E-07	2.11E-09
Diesel	7.19E-07	3.24E-09

Distillation Tank Transfer Hose:

The same calculation can also represent the disconnecting of the hose from the inbound truck to the distillation tank. Emissions from disconnecting the line are as follows. It is assumed the vapor remaining in the hose is saturated.

$$lb = MW \cdot n = MW(PV/RT)$$

MATERIAL	Liquid Composition (%)	MW (lb/lb-mole)	Mole Fraction	Temperature (F)	VPa (psia)	Emissions	
						(lb/hr)	(tpy)
MeCl ₂	2.00	84.9	0.0878	80	0.791	2.53E-04	1.14E-06
Water	98.00	18.0	0.9122	80	0.490	3.32E-05	1.49E-07

Water Transferred:	4000 gal	0.980392
MeCL2 Transferred:	80 gal	0.019608
	4080	

Bruce C. Howard



4904 Griggs Road
Houston TX 77021
Tel. (713) 676-1460
Fax. (713) 676-1460

Waste Pre-Acceptance/Approval Letter

Date 7/7/2009

Dear Karl Romero

Thank you for choosing CES Environmental Services, Inc. for your waste disposal and/or recycling needs. The following waste stream has been approved at our facility in Houston, TX. If the waste received does not conform to the profile, then rejection or additional charges may apply.

CES Profile # HOU-3374

Expiration Date 6/15/2011

Generator: Enviro Solutions - Baytown

Address: 11005 East I-10
Mont Belvieu, TX 77580

Waste Information

Name of Waste: High alcohol Wastewater w/oily water

TCEQ Waste Code #: Recycle

Container Type:

Detailed Description of Process Generating Waste:

gasoline/oil tanking contact water

Color: clear

Odor: alcohol

pH: 6-9

Physical State:

Incompatibilities: oxidizers

Safety Related Data/Special Handling:

std

If you have any questions concerning this approval and/or the conditions, then please feel free to contact our office at (713) 676-1460.

Thank you,

Matt Bowman, President
CES Environmental Services, Inc.

EPAHO043001153



**CES Environmental
Services, Inc.**

4904 Griggs Road Houston, TX 77021
Phone: (713) 676-1460 Fax: (713) 676-1676
<http://www.cesenvironmental.com>

TCEQ Industrial Solid Waste Permit No: 30948
U.S. EPA ID No: TXD008950461 ISWR No: 30900

SECTION 1: Generator Information

Company : Enviro Solutions - Baytown
Address : 11005 East I-10 11005 East I-10
City, State, Zip : Mont Belvieu TX 77580
Contact : Karl Romero Title :
Phone No : (409) 722-6880 Fax :
24 / HR Phone :
U.S EPA I.D No : TXR000055681
State I.D : A85786 SIC Code

SECTION 2: Billing Information

Company : Enviro Solutions - Baytown
Address : 11005 East I-10 11005 East I-10
City, State, Zip : Mont Belvieu TX 77580
Contact : Karl Romero Title :
Phone No : (409) 722-6880 Fax :

SECTION 3: General Description of the Waste

Name of Waste : High alcohol Wastewater w/oily water

Detailed Description of the Process Generating Waste:

gasoline/oil tanking contact water

Physical State : ☒ Liquid ☐ Sludge ☐ Powder
☐ Solid ☐ Filter Cake ☐ Combination

Color : clear Odor : alcohol
Specific Gravity (Water=1) : .96 Density : 7.5-8 lbs / gal

Does this material contain any total phenolic compounds? ☐ Yes ☒ No

Does this material contain any para substituted phenolic compounds? ☐ Yes ☒ No

Is the Waste subject to the benzene waste operation NESHAP? (40 CFR Part 61, Subpart FF) ☐ Yes ☒ No

2812	2813	2816	2819	2821	2822	2823	2824	2833	2834	2835	2836	2841	2842	2843	2844	2851
2861	2865	2869	2873	2874	2876	2879	2891	2892	2893	2896	2899	2911	3312	4953	4959	9511

Layers : ☒ Single-Phas ☐ Multi-Phase

Container Type : ☐ Drum ☐ Tote ☒ Truck ☐ Other (explain)

Container Size : 5000

Number Of Units : 2

Is this a USEPA "Hazardous Waste" per 40 CFR 261.3? ☐ Yes ☒ No

If "Yes", then please complete, sign and date the Underlying Hazardous Constituents Form attached hereto

If "Yes", is it: ☐ D001 ☐ D002 ☐ D003

Characteristic for Toxic Metals: ☐ D004 ☐ D005 ☐ D006 ☐ D007
☐ D008 ☐ D009 ☐ D010 ☐ D011

Characteristics for Toxic Organics: D012 thru D043 (please list all that apply)

Is this an "F" or "K" Listed waste or mixed with one? ☐ Yes ☒ No

If "Yes", then please list ALL applicable codes:

Is this a commercial product or spill cleanup that would carry a "U" or "P" waste code under 40 CFR 261.33(e) or (f)? ☐ Yes ☒ No

If "Yes", then please list ALL applicable codes:

Texas State Waste Code No : Recycle

Proper U.S. State Waste Code No : Non-RCRA/Non DOT regulated waste water (per 49 CFR 173.150 (e)(2))

Class : na UN/NA : na PG : na RQ : na

Flash Point <100	pH 6-9	Reactive Sulfides na mg/l	Reactive Cyanides na mg/l	Solids <1 %
Oil and Grease >1500 mg/l	TOC 60K-70K mg/l	Zinc 1-2 mg/l	Copper 0-1 mg/l	Nickel 0-3 mg/l

SECTION 4: Physical and Chemical Data

COMPONENTS TABLE	Concentration	Units
The material / product consists of the following materials	Ranges are acceptable	or %
methanol/ethanol (flash point <100)	<24	%
water	76-85	%
oil (flash point >160)	5-10	%

SECTION 5: Safety Related Data

If the handling of this waste requires the use of special protective equipment, please explain.

std

SECTION 6: Attached Supporting Documents

List all documents, notes, data, and/or analysis attached to this form as part of the waste approval package.

CES analytical

SECTION 7: Incompatibilities

Please list all incompatibilities (if any):

oxidizers

SECTION 8: Generator's Knowledge Documentation

Laboratory analysis of the hazardous waste characteristics, listed below, WAS NOT PERFORMED based upon the following generators knowledge

TCLP Metals : X

TCLP Volatiles : X

TCLP Semi-Volatiles : X

Reactivity : X

Corrosivity : X
Ignitability : X

SECTION 9: Waste Receipt Classification Under 40 CFR 437

Is this material a wastewater or wastewater sludge ? ☒ YES ☐ NO

If 'YES', complete this section

PLEASE CHECK THE APPROPRIATE BOX: IF NO APPROPRIATE CATEGORY, GO TO THE NEXT PAGE

Metals Subcategory: Subpart A

- ☐ Spent electroplating baths and/or sludges
- ☐ Metal finishing rinse water and sludges
- ☐ Chromate wastes
- ☐ Air pollution control blow down water and sludges
- ☐ Spent anodizing solutions
- ☐ Incineration wastewaters
- ☐ Waste liquid mercury
- ☐ Cyanide-containing wastes greater than 136 mg/l
- ☐ Waste acids and bases with or without metals
- ☐ Cleaning, rinsing, and surface preparation solutions from electroplating or phosph
- ☐ Vibratory deburring wastewater
- ☐ Alkaline and acid solutions used to clean metal parts or equipment

Oils Subcategory: Subpart B

- ☐ Used oils
- ☐ Oil-water emulsions or mixtures
- ☐ Lubricants
- ☐ Coolants
- ☐ Contaminated groundwater clean-up from petroleum sources
- ☐ Used petroleum products
- ☐ Oil spill clean-up
- ☐ Bilge water
- ☐ Rinse/wash waters from petroleum sources
- ☐ Interceptor wastes
- ☐ Off-specification fuels
- ☐ Underground storage remediation wastes
- ☐ Tank clean-out from petroleum or oily sources
- ☐ Non-contact used glycols
- ☐ Aqueous and oil mixtures from parts cleaning operations
- ☐ Wastewater from oil bearing paint washes

Organics Subcategory Subpart C

- ☐ Landfill leachate
- ☐ Contaminated groundwater clean-up from non-petroleum sources
- ☒ Solvent-bearing wastes
- ☐ Off-specification organic product
- ☐ Still bottoms
- ☐ Byproduct waste glycol
- ☐ Wastewater from paint washes
- ☐ Wastewater from adhesive and/or epoxies formulation
- ☐ Wastewater from organic chemical product operations

☐ Tank clean-out from organic, non-petroleum sources

- (1) If the waste contains oil and grease at or in excess of 100 mg/L, the waste should be classified in the oils subcategory
- (2) If the waste contains oil and grease less than 100 mg/L, and has any of the pollutants listed below in concentrations in excess of the values listed below, the waste should be classified in the metals subcategory

Cadmium: 0.2 mg/L

Chromium: 8.9 mg/L

Copper: 4.9 mg/L

Nickel: 37.5 mg/L

- (3) If the waste contains oil and grease less than 100 mg/L, and does not have concentrations of cadmium, chromium, copper, or nickel above any of the values listed above, the waste should be classified in the organics subcategory.

☐ Metals Subcategory

☐ Oils Subcategory

☒ Organics Subcategory

SECTION 10: Additional Instruction

If you cannot determine the correct subcategory in Section 9 and you did not furnish data for the concentration of Cadmium, Chromium, Copper, Nickel, and Oil and Grease, CES will send offsite to a commercial laboratory a sample to determine these concentrations. This will be prior to acceptance. The generator will be responsible for the cost of the analysis.

SECTION 11: Generator's Certification

The information contained herein is based on ☒ generator knowledge and/or ☐ analytical data. I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all materials described by this document.

Authorized Signature : _____ Date : 6/15/2009

Printed Name / Title : Eric McCallum / 6/15/09

CES USE ONLY (DO NOT WRITE IN THIS SPACE)

Process Facility Information :

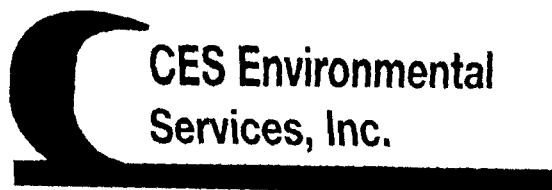
.25/gal FOB CES

Compliance Officer : Prabhakar Thangudu

Date : 6/15/2009 Status : Approved Rejected

Approval Number : HOU-3374

Pls Put
this with
Bruce Howard file



4904 Griggs Road
Houston TX 77021
Tel. (713) 676-1460
Fax. (713) 676-1460

Waste Pre-Acceptance/Approval Letter

Date 7/7/2009

Dear Karl Romero

Thank you for choosing CES Environmental Services, Inc. for your waste disposal and/or recycling needs. The following waste stream has been approved at our facility in Houston, TX. If the waste received does not conform to the profile, then rejection or additional charges may apply.

CES Profile # HOU-3374

Expiration Date 6/15/2011

Generator: Enviro Solutions - Baytown

Address: 11005 East I-10
Mont Belvieu, TX 77580

Waste Information

Name of Waste: High alcohol Wastewater w/oily water

TCEQ Waste Code #: Recycle

Container Type:

Detailed Description of Process Generating Waste:

gasoline/oil tanking contact water

Color: clear

Odor: alcohol

pH: 6-9

Physical State:

Incompatibilities: oxidizers

Safety Related Data/Special Handling:

std

If you have any questions concerning this approval and/or the conditions, then please feel free to contact our office at (713) 676-1460.

Thank you,

Matt Bowman, President
CES Environmental Services, Inc.



**CES Environmental
Services, Inc.**

4904 Griggs Road Houston, TX 77021
Phone: (713) 676-1460 Fax: (713) 676-1676
<http://www.cesenvironmental.com>

TCEQ Industrial Solid Waste Permit No: 30948
U.S. EPA ID No: TXD008950461 ISWR No: 30900

SECTION 1: Generator Information

Company : Enviro Solutions - Baytown
Address : 11005 East I-10 11005 East I-10
City, State, Zip : Mont Belvieu TX 77580
Contact : Karl Romero Title :
Phone No : (409) 722-6880 Fax :
24 / HR Phone :
U.S EPA I.D No : TXR000055681
State I.D : A85786 SIC Code

SECTION 2: Billing Information

Company : Enviro Solutions - Baytown
Address : 11005 East I-10 11005 East I-10
City, State, Zip : Mont Belvieu TX 77580
Contact : Karl Romero Title :
Phone No : (409) 722-6880 Fax :

SECTION 3: General Description of the Waste

Name of Waste : High alcohol Wastewater w/oily water

Detailed Description of the Process Generating Waste:
gasoline/oil tanking contact water

Physical State : ☒ Liquid ☐ Sludge ☐ Powder
☐ Solid ☐ Filter Cake ☐ Combination

Color : clear Odor : alcohol
Specific Gravity (Water=1) : .96 Density : 7.5-8 lbs / gal

Does this material contain any total phenolic compounds? ☐ Yes ☒ No

Does this material contain any para substituted phenolic compounds? ☐ Yes ☒ No

Is the Waste subject to the benzene waste operation NESHAP? (40 CFR Part 61, Subpart FF) ☐ Yes ☒ No

2812	2813	2816	2819	2821	2822	2823	2824	2833	2834	2835	2836	2841	2842	2843	2844	2851
2861	2865	2869	2873	2874	2876	2879	2891	2892	2893	2896	2899	2911	3312	4953	4959	9511

Layers : ☒ Single-Phas ☐ Multi-Phase

Container Type : ☐ Drum ☐ Tote ☒ Truck ☐ Other (explain)

Container Size : 5000

Number Of Units : 2

Is this a USEPA "Hazardous Waste" per 40 CFR 261.3? ☐ Yes ☒ No

If "Yes", then please complete, sign and date the Underlying Hazardous Constituents Form attached hereto

If "Yes", is it: ☐ D001 ☐ D002 ☐ D003

Characteristic for Toxic Metals: ☐ D004 ☐ D005 ☐ D006 ☐ D007
☐ D008 ☐ D009 ☐ D010 ☐ D011

Characteristics for Toxic Organics: D012 thru D043 (please list all that apply)

Is this an "F" or "K" Listed waste or mixed with one? ☐ Yes ☒ No

If "Yes", then please list ALL applicable codes:

Is this a commercial product or spill cleanup that would carry a "U" or "P" waste code under 40 CFR 261.33(e) or (f)? ☐ Yes ☒ No

If "Yes", then please list ALL applicable codes:

Texas State Waste Code No : Recycle

Proper U.S. State Waste Code No : Non-RCRA/Non DOT regulated waste water (per 49 CFR 173.150 (e)(2))

Class : na UN/NA : na PG : na RQ : na

Flash Point <100	pH 6-9	Reactive Sulfides na mg/l	Reactive Cyanides na mg/l	Solids <1 %
Oil and Grease >1500 mg/l	TOC 60K-70K mg/l	Zinc 1-2 mg/l	Copper 0-1 mg/l	Nickel 0-3 mg/l

SECTION 4: Physical and Chemical Data

COMPONENTS TABLE The material / product consists of the following materials	Concentration Ranges are acceptable	Units or %
methanol/ethanol (flash point <100)	<24	%
water	76-85	%
oil (flash point >160)	5-10	%

SECTION 5: Safety Related Data

If the handling of this waste requires the use of special protective equipment, please explain.
std

SECTION 6: Attached Supporting Documents

List all documents, notes, data, and/or analysis attached to this form as part of the waste approval package.
CES analytical

SECTION 7: Incompatibilities

Please list all incompatibilities (if any):
oxidizers

SECTION 8: Generator's Knowledge Documentation

Laboratory analysis of the hazardous waste characteristics, listed below, WAS NOT PERFORMED based upon the following generators knowledge

TCLP Metals : X
TCLP Volatiles : X
TCLP Semi-Volatiles : X
Reactivity : X

Corrosivity : ☒ X

Ignitability : ☒ X

SECTION 9: Waste Receipt Classification Under 40 CFR 437

Is this material a wastewater or wastewater sludge ? ☒ YES ☐ NO

If 'YES', complete this section

PLEASE CHECK THE APPROPRIATE BOX: IF NO APPROPRIATE CATEGORY, GO TO THE NEXT PAGE

Metals Subcategory: Subpart A

- ☐ Spent electroplating baths and/or sludges
- ☐ Metal finishing rinse water and sludges
- ☐ Chromate wastes
- ☐ Air pollution control blow down water and sludges
- ☐ Spent anodizing solutions
- ☐ Incineration wastewaters
- ☐ Waste liquid mercury
- ☐ Cyanide-containing wastes greater than 136 mg/l
- ☐ Waste acids and bases with or without metals
- ☐ Cleaning, rinsing, and surface preparation solutions from electroplating or phosph
- ☐ Vibratory deburring wastewater
- ☐ Alkaline and acid solutions used to clean metal parts or equipment

Oils Subcategory: Subpart B

- ☐ Used oils
- ☐ Oil-water emulsions or mixtures
- ☐ Lubricants
- ☐ Coolants
- ☐ Contaminated groundwater clean-up from petroleum sources
- ☐ Used petroleum products
- ☐ Oil spill clean-up
- ☐ Bilge water
- ☐ Rinse/wash waters from petroleum sources
- ☐ Interceptor wastes
- ☐ Off-specification fuels
- ☐ Underground storage remediation wastes
- ☐ Tank clean-out from petroleum or oily sources
- ☐ Non-contact used glycols
- ☐ Aqueous and oil mixtures from parts cleaning operations
- ☐ Wastewater from oil bearing paint washes

Organics Subcategory Subpart C

- ☐ Landfill leachate
- ☐ Contaminated groundwater clean-up from non-petroleum sources
- ☒ Solvent-bearing wastes
- ☐ Off-specification organic product
- ☐ Still bottoms
- ☐ Byproduct waste glycol
- ☐ Wastewater from paint washes
- ☐ Wastewater from adhesive and/or epoxies formulation
- ☐ Wastewater from organic chemical product operations

☐ Tank clean-out from organic, non-petroleum sources

(1) If the waste contains oil and grease at or in excess of 100 mg/L, the waste should be classified in the oils subcategory

(2) If the waste contains oil and grease less than 100 mg/L, and has any of the pollutants listed below in concentrations in excess of the values listed below, the waste should be classified in the metals subcategory

Cadmium: 0.2 mg/L

Chromium: 8.9 mg/L

Copper: 4.9 mg/L

Nickel: 37.5 mg/L

(3) If the waste contains oil and grease less than 100 mg/L, and does not have concentrations of cadmium, chromium, copper, or nickel above any of the values listed above, the waste should be classified in the organics subcategory.

☐ Metals Subcategory

☐ Oils Subcategory

☒ Organics Subcategory

SECTION 10: Additional Instruction

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Authorized Signature : _____ Date : 6/15/2009

Printed Name / Title : Eric McCallum / 6/15/09

CES USE ONLY (DO NOT WRITE IN THIS SPACE)

Process Facility Information :

.25/gal FOB CES

Compliance Officer : Prabhakar Thangudu

Date : 6/15/2009 Status : Approved Rejected

Approval Number : HOU-3374

Material Safety Data Sheet

Methyl Alcohol, Reagent ACS, 99.8% (GC)

ACC# 95294

Section 1 - Chemical Product and Company Identification

MSDS Name: Methyl Alcohol, Reagent ACS, 99.8% (GC)**Catalog Numbers:** AC423950000, AC423950010, AC423950020, AC423955000, AC9541632, AC423952**Synonyms:** Carbinol; Methanol; Methyl hydroxide; Monohydroxymethane; Pyroxylic spirit; Wood alcohol; Wood naptha; Wood spirit; Monohydroxymethane; Methyl hydrate.**Company Identification:**

Acros Organics N.V.

One Reagent Lane

Fair Lawn, NJ 07410

For information in North America, call: 800-ACROS-01**For emergencies in the US, call CHEMTREC:** 800-424-9300

Section 2 - Composition, Information on Ingredients

CAS#	Chemical Name	Percent	EINECS/ELINCS
67-56-1	Methyl alcohol	99+	200-659-6

Hazard Symbols: T F**Risk Phrases:** 11 23/24/25 39/23/24/25

Section 3 - Hazards Identification

EMERGENCY OVERVIEW

Appearance: clear, colorless. **Flash Point:** 11 deg C. **Poison!** Cannot be made non-poisonous. Causes eye and skin irritation. May be absorbed through intact skin. This substance has caused adverse reproductive and fetal effects in animals. **Danger!** Flammable liquid and vapor. Harmful if inhaled. May be fatal or cause blindness if swallowed. May cause central nervous system depression. May cause digestive tract irritation with nausea, vomiting, and diarrhea. Causes respiratory tract irritation. May cause liver, kidney and heart damage.

Target Organs: Kidneys, heart, central nervous system, liver, eyes.**Potential Health Effects****Eye:** Produces irritation, characterized by a burning sensation, redness, tearing, inflammation, and possible corneal injury. May cause painful sensitization to light.**Skin:** Causes moderate skin irritation. May be absorbed through the skin in harmful amounts. Prolonged and/or repeated contact may cause defatting of the skin and dermatitis.**Ingestion:** May be fatal or cause blindness if swallowed. May cause gastrointestinal irritation with nausea, vomiting and diarrhea. May cause systemic toxicity with acidosis. May cause central nervous system depression, characterized by excitement, followed by headache, dizziness, drowsiness, and nausea. Advanced stages may cause collapse, unconsciousness, coma and possible death due to respiratory failure. May cause cardiopulmonary system effects.**Inhalation:** Harmful if inhaled. May cause adverse central nervous system effects including

headache, convulsions, and possible death. May cause visual impairment and possible permanent blindness. Causes irritation of the mucous membrane.

Chronic: Prolonged or repeated skin contact may cause dermatitis. Chronic inhalation and ingestion may cause effects similar to those of acute inhalation and ingestion. Chronic exposure may cause reproductive disorders and teratogenic effects. Laboratory experiments have resulted in mutagenic effects. Prolonged exposure may cause liver, kidney, and heart damage.

Section 4 - First Aid Measures

Eyes: Immediately flush eyes with plenty of water for at least 15 minutes, occasionally lifting the upper and lower eyelids. Get medical aid immediately.

Skin: Immediately flush skin with plenty of soap and water for at least 15 minutes while removing contaminated clothing and shoes. Get medical aid if irritation develops or persists. Wash clothing before reuse.

Ingestion: If victim is conscious and alert, give 2-4 cupfuls of milk or water. Never give anything by mouth to an unconscious person. Get medical aid immediately. Induce vomiting by giving one teaspoon of Syrup of Ipecac.

Inhalation: Get medical aid immediately. Remove from exposure to fresh air immediately. If breathing is difficult, give oxygen. Do NOT use mouth-to-mouth resuscitation. If breathing has ceased apply artificial respiration using oxygen and a suitable mechanical device such as a bag and a mask.

Notes to Physician: Effects may be delayed. Ethanol may inhibit methanol metabolism.

Section 5 - Fire Fighting Measures

General Information: Containers can build up pressure if exposed to heat and/or fire. As in any fire, wear a self-contained breathing apparatus in pressure-demand, MSHA/NIOSH (approved or equivalent), and full protective gear. Water runoff can cause environmental damage. Dike and collect water used to fight fire. Vapors can travel to a source of ignition and flash back. During a fire, irritating and highly toxic gases may be generated by thermal decomposition or combustion. Flammable Liquid. Can release vapors that form explosive mixtures at temperatures above the flashpoint. Use water spray to keep fire-exposed containers cool. Water may be ineffective. Material is lighter than water and a fire may be spread by the use of water. Vapors may be heavier than air. They can spread along the ground and collect in low or confined areas. May be ignited by heat, sparks, and flame.

Extinguishing Media: For small fires, use dry chemical, carbon dioxide, water spray or alcohol-resistant foam. Use water spray to cool fire-exposed containers. Water may be ineffective. For large fires, use water spray, fog or alcohol-resistant foam. Do NOT use straight streams of water.

Section 6 - Accidental Release Measures

General Information: Use proper personal protective equipment as indicated in Section 8.

Spills/Leaks: Scoop up with a nonsparking tool, then place into a suitable container for disposal. Use water spray to disperse the gas/vapor. Remove all sources of ignition. Absorb spill using an absorbent, non-combustible material such as earth, sand, or vermiculite. Do not use combustible materials such as saw dust. Provide ventilation. A vapor suppressing foam may be used to reduce vapors. Water spray may reduce vapor but may not prevent ignition in closed spaces.

Section 7 - Handling and Storage

Handling: Wash thoroughly after handling. Remove contaminated clothing and wash before reuse. Ground and bond containers when transferring material. Do not breathe dust, vapor, mist, or gas. Do not get in eyes, on skin, or on clothing. Empty containers retain product residue, (liquid and/or vapor), and can be dangerous. Keep container tightly closed. Avoid contact with heat, sparks and flame. Do not ingest or inhale. Use only in a chemical fume hood. Do not pressurize, cut, weld, braze, solder, drill, grind, or expose empty containers to heat, sparks or open flames.

Storage: Keep away from heat, sparks, and flame. Keep away from sources of ignition. Store in a cool, dry, well-ventilated area away from incompatible substances. Flammables-area. Keep containers tightly closed. Do not store in aluminum or lead containers.

Section 8 - Exposure Controls, Personal Protection

Engineering Controls: Use explosion-proof ventilation equipment. Facilities storing or utilizing this material should be equipped with an eyewash facility and a safety shower. Use adequate general or local exhaust ventilation to keep airborne concentrations below the permissible exposure limits. Use only under a chemical fume hood.

Exposure Limits

Chemical Name	ACGIH	NIOSH	OSHA - Final PELs
Methyl alcohol	200 ppm TWA; 250 ppm STEL; skin - potential for cutaneous absorption	200 ppm TWA; 260 mg/m3 TWA 6000 ppm IDLH	200 ppm TWA; 260 mg/m3 TWA

OSHA Vacated PELs: Methyl alcohol: 200 ppm TWA; 260 mg/m3 TWA; 250 ppm STEL; 325 mg/m3 STEL

Personal Protective Equipment

Eyes: Wear chemical goggles.

Skin: Wear appropriate protective gloves to prevent skin exposure.

Clothing: Wear appropriate protective clothing to prevent skin exposure.

Respirators: A respiratory protection program that meets OSHA's 29 CFR §1910.134 and ANSI Z88.2 requirements or European Standard EN 149 must be followed whenever workplace conditions warrant a respirator's use.

Section 9 - Physical and Chemical Properties

Physical State: Liquid

Appearance: clear, colorless

Odor: alcohol-like - weak odor

pH: Not available.

Vapor Pressure: 128 mm Hg @ 20 deg C

Vapor Density: 1.11 (Air=1)

Evaporation Rate: 5.2 (Ether=1)

Viscosity: 0.55 cP 20 deg C

Boiling Point: 64.7 deg C @ 760.00mm Hg

Freezing/Melting Point: -98 deg C

Autoignition Temperature: 464 deg C (867.20 deg F)

Flash Point: 11 deg C (51.80 deg F)

Decomposition Temperature: Not available.

NFPA Rating: (estimated) Health: 1; Flammability: 3; Reactivity: 0

Explosion Limits, Lower: 6.0 vol %

Upper: 36.00 vol %

Solubility: miscible

Specific Gravity/Density: .7910g/cm³

Molecular Formula: CH₄O

Molecular Weight: 32.04

Section 10 - Stability and Reactivity

Chemical Stability: Stable under normal temperatures and pressures.

Conditions to Avoid: High temperatures, incompatible materials, ignition sources, oxidizers.

Incompatibilities with Other Materials: Acids (mineral, non-oxidizing, e.g. hydrochloric acid, hydrofluoric acid, muriatic acid, phosphoric acid), acids (mineral, oxidizing, e.g. chromic acid, hypochlorous acid, nitric acid, sulfuric acid), acids (organic, e.g. acetic acid, benzoic acid, formic acid, methanoic acid, oxalic acid), azo, diazo, and hydrazines (e.g. dimethyl hydrazine, hydrazine, methyl hydrazine), isocyanates (e.g. methyl isocyanate), nitrides (e.g. potassium nitride, sodium nitride), peroxides and hydroperoxides (organic, e.g. acetyl peroxide, benzoyl peroxide, butyl peroxide, methyl ethyl ketone peroxide), epoxides (e.g. butyl glycidyl ether), Oxidants (such as barium perchlorate, bromine, chlorine, hydrogen peroxide, lead perchlorate, perchloric acid, sodium hypochlorite), Active metals (such as potassium and magnesium), acetyl bromide, alkyl aluminum salts, beryllium dihydride, carbontetrachloride, carbon tetrachloride + metals, chloroform + heat, chloroform + sodium hydroxide, cyanuric chloride, diethyl zinc, nitric acid, potassium-tert-butoxide, chloroform + hydroxide, water reactive substances (e.g. acetic anhydride, alkyl aluminum chloride, calcium carbide, ethyl dichlorosilane).

Hazardous Decomposition Products: Carbon monoxide, irritating and toxic fumes and gases, carbon dioxide, formaldehyde.

Hazardous Polymerization: Will not occur.

Section 11 - Toxicological Information

RTECS#:

CAS# 67-56-1: PC1400000

LD50/LC50:

CAS# 67-56-1:

Draize test, rabbit, eye: 40 mg Moderate;

Draize test, rabbit, eye: 100 mg/24H Moderate;

Draize test, rabbit, skin: 20 mg/24H Moderate;

Inhalation, rat: LC50 = 64000 ppm/4H;

Oral, mouse: LD50 = 7300 mg/kg;

Oral, rabbit: LD50 = 14200 mg/kg;

Oral, rat: LD50 = 5628 mg/kg;

Skin, rabbit: LD50 = 15800 mg/kg;

Carcinogenicity:

CAS# 67-56-1: Not listed by ACGIH, IARC, NIOSH, NTP, or OSHA.

Epidemiology: Methanol has been shown to produce fetotoxicity in the embryo or fetus of laboratory animals. Specific developmental abnormalities include cardiovascular, musculoskeletal, and urogenital systems.

Teratogenicity: Effects on Newborn: Behavioral, Oral, rat: TDLo=7500 mg/kg (female 17-19 days after conception). Effects on Embryo or Fetus: Fetotoxicity, Inhalation, rat: TCLo=10000

ppm/7H (female 7-15 days after conception). Specific Developmental Abnormalities: Cardiovascular, Musculoskeletal, Urogenital, Inhalation, rat: TCLo=20000 ppm/7H (7-14 days after conception).

Reproductive Effects: Paternal Effects: Spermatogenesis: Intraperitoneal, mouse TDLo=5 g/kg (male 5 days pre-mating). Fertility: Oral, rat: TDLo = 35295 mg/kg (female 1-15 days after conception). Paternal Effects: Testes, Epididymis, Sperm duct: Oral, rat: TDLo = 200 ppm/20H (male 78 weeks pre-mating).

Neurotoxicity: No information available.

Mutagenicity: DNA inhibition: Human Lymphocyte = 300 mmol/L. DNA damage: Oral, rat = 10 umol/kg. Mutation in microorganisms: Mouse Lymphocyte = 7900 mg/L. Cytogenetic analysis: Oral, mouse = 1 gm/kg.

Other Studies: Standard Draize Test(Skin, rabbit) = 20 mg/24H (Moderate) Standard Draize Test: Administration into the eye (rabbit) = 40 mg (Moderate). Standard Draize test: Administration into the eye (rabbit) = 100 mg/24H (Moderate).

Section 12 - Ecological Information

Ecotoxicity: Fish: Fathead Minnow: 29.4 g/L; 96 Hr; LC50 (unspecified) Goldfish: 250 ppm; 11 Hr; resulted in death Rainbow trout: 8000 mg/L; 48 Hr; LC50 (unspecified) Rainbow trout: LC50 = 13-68 mg/L; 96 Hr.; 12 degrees C Fathead Minnow: LC50 = 29400 mg/L; 96 Hr.; 25 degrees C, pH 7.63 Rainbow trout: LC50 = 8000 mg/L; 48 Hr.; Unspecified ria: Phytobacterium phosphoreum: EC50 = 51,000-320,000 mg/L; 30 minutes; Microtox test No data available.

Environmental: Dangerous to aquatic life in high concentrations. Aquatic toxicity rating: TLm 96>1000 ppm. May be dangerous if it enters water intakes. Methyl alcohol is expected to biodegrade in soil and water very rapidly. This product will show high soil mobility and will be degraded from the ambient atmosphere by the reaction with photochemically produced hydroxyl radicals with an estimated half-life of 17.8 days. Bioconcentration factor for fish (golden ide) < 10. Based on a log Kow of -0.77, the BCF value for methanol can be estimated to be 0.2.

Physical: No information available.

Other: None.

Section 13 - Disposal Considerations

Chemical waste generators must determine whether a discarded chemical is classified as a hazardous waste. US EPA guidelines for the classification determination are listed in 40 CFR Parts 261.3. Additionally, waste generators must consult state and local hazardous waste regulations to ensure complete and accurate classification.

RCRA P-Series: None listed.

RCRA U-Series: CAS# 67-56-1: waste number U154; (Ignitable waste).

Section 14 - Transport Information

	US DOT	IATA	RID/ADR	IMO	Canada TDG
Shipping Name:	METHANOL				METHANOL
Hazard Class:	3				3(6.1)
UN Number:	UN1230				UN1230
Packing Group:	II				II
Additional Info:					FLASHPOINT

smoking.

S 36/37 Wear suitable protective clothing and gloves.

S 45 In case of accident or if you feel unwell, seek medical advice immediately (show the label where possible).

S 7 Keep container tightly closed.

WGK (Water Danger/Protection)

CAS# 67-56-1: 1

Canada

CAS# 67-56-1 is listed on Canada's DSL List. CAS# 67-56-1 is listed on Canada's DSL List. This product has a WHMIS classification of B2, D1A, D2B.

CAS# 67-56-1 is listed on Canada's Ingredient Disclosure List.

Exposure Limits

CAS# 67-56-1: OEL-ARAB Republic of Egypt:TWA 200 ppm (260 mg/m³);Skin OEL-AUSTRALIA:TWA 200 ppm (260 mg/m³);STEL 250 ppm;Skin OEL-BELGIUM:TWA 200 ppm (262 mg/m³);STEL 250 ppm;Skin OEL-CZECHOSLOVAKIA:TWA 100 mg/m³;STEL 500 mg/m³ OEL-DENMARK:TWA 200 ppm (260 mg/m³);Skin OEL-FINLAND:TWA 200 ppm (260 mg/m³);STEL 250 ppm;Skin OEL-FRANCE:TWA 200 ppm (260 mg/m³);STEL 1000 ppm (1300 mg/m³) OEL-GERMANY:TWA 200 ppm (260 mg/m³);Skin OEL-HUNGARY:TWA 50 mg/m³;STEL 100 mg/m³;Skin OEL-JAPAN:TWA 200 ppm (260 mg/m³);Skin OEL-THE NETHERLANDS:TWA 200 ppm (260 mg/m³);Skin OEL-THE PHILIPPINES:TWA 200 ppm (260 mg/m³) OEL-POLAND:TWA 100 mg/m³ OEL-RUSSIA:TWA 200 ppm;STEL 5 mg/m³;Skin OEL-SWEDEN:TWA 200 ppm (250 mg/m³);STEL 250 ppm (350 mg/m³);Skin OEL-SWITZERLAND:TWA 200 ppm (260 mg/m³);STEL 400 ppm;Skin OEL-THAILAND:TWA 200 ppm (260 mg/m³) OEL-TURKEY:TWA 200 ppm (260 mg/m³) OEL-UNITED KINGDOM:TWA 200 ppm (260 mg/m³);STEL 250 ppm;Skin OEL IN BULGARIA, COLOMBIA, JORDAN, KOREA check ACGIH TLV OEL IN NEW ZEALAND, SINGAPORE, VIETNAM check ACGI TLV

Section 16 - Additional Information

MSDS Creation Date: 7/21/1999

Revision #4 Date: 3/14/2001

The information above is believed to be accurate and represents the best information currently available to us. However, we make no warranty of merchantability or any other warranty, express or implied, with respect to such information, and we assume no liability resulting from its use. Users should make their own investigations to determine the suitability of the information for their particular purposes. In no event shall Fisher be liable for any claims, losses, or damages of any third party or for lost profits or any special, indirect, incidental, consequential or exemplary damages, howsoever arising, even if Fisher has been advised of the possibility of such damages.

Material Safety Data Sheet

Ethyl Alcohol, 70%

ACC# 91791

Section 1 - Chemical Product and Company Identification

MSDS Name: Ethyl Alcohol, 70%

Catalog Numbers: S75119, S75120, S556CA4

Synonyms: Ethyl Alcohol; Ethyl Hydrate; Ethyl Hydroxide; Fermentation Alcohol; Grain Alcohol; Methylcarbinol; Molasses Alcohol; Spirits of Wine.

Company Identification:

Fisher Scientific
1 Reagent Lane
Fair Lawn, NJ 07410

For information, call: 201-796-7100

Emergency Number: 201-796-7100

For CHEMTREC assistance, call: 800-424-9300

For International CHEMTREC assistance, call: 703-527-3887

Section 2 - Composition, Information on Ingredients

CAS#	Chemical Name	Percent	EINECS/ELINCS
64-17-5	Ethyl alcohol	70	200-578-6
7732-18-5	Water	30	231-791-2

Hazard Symbols: F

Risk Phrases: 11

Section 3 - Hazards Identification

EMERGENCY OVERVIEW

Appearance: colorless clear liquid. **Flash Point:** 16.6 deg C. **Flammable liquid and vapor.** May cause central nervous system depression. Causes severe eye irritation. Causes respiratory tract irritation. Causes moderate skin irritation. This substance has caused adverse reproductive and fetal effects in humans. **Warning!** May cause liver, kidney and heart damage.

Target Organs: Kidneys, heart, central nervous system, liver.

Potential Health Effects

Eye: Causes severe eye irritation. May cause painful sensitization to light. May cause chemical conjunctivitis and corneal damage.

Skin: Causes moderate skin irritation. May cause cyanosis of the extremities.

Ingestion: May cause gastrointestinal irritation with nausea, vomiting and diarrhea. May cause systemic toxicity with acidosis. May cause central nervous system depression, characterized by excitement, followed by headache, dizziness, drowsiness, and nausea. Advanced stages may cause collapse, unconsciousness, coma and possible death due to respiratory failure.

Inhalation: Inhalation of high concentrations may cause central nervous system effects characterized by nausea, headache, dizziness, unconsciousness and coma. Causes respiratory tract irritation. May cause narcotic effects in high concentration. Vapors may cause dizziness or suffocation.

Chronic: May cause reproductive and fetal effects. Laboratory experiments have resulted in mutagenic effects. Animal studies have reported the development of tumors. Prolonged exposure may cause liver, kidney, and heart damage.

Section 4 - First Aid Measures

Eyes: Immediately flush eyes with plenty of water for at least 15 minutes, occasionally lifting the upper and lower eyelids. Get medical aid. Gently lift eyelids and flush continuously with water.

Skin: Get medical aid. Flush skin with plenty of water for at least 15 minutes while removing contaminated clothing and shoes. Wash clothing before reuse. Flush skin with plenty of soap and water.

Ingestion: Do NOT induce vomiting. If victim is conscious and alert, give 2-4 cupfuls of milk or water. Never give anything by mouth to an unconscious person. Get medical aid.

Inhalation: Remove from exposure and move to fresh air immediately. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical aid. Do NOT use mouth-to-mouth respiration.

EPAHQ043001170

breathing is difficult, give oxygen. Get medical aid. Do NOT use mouth-to-mouth resuscitation.

Notes to Physician: Treat symptomatically and supportively. Persons with skin or eye disorders or liver, kidney, chronic respiratory diseases, or central and peripheral nervous system diseases may be at increased risk from exposure to this substance.

Antidote: Replace fluid and electrolytes.

Section 5 - Fire Fighting Measures

General Information: Containers can build up pressure if exposed to heat and/or fire. As in any fire, wear a self-contained breathing apparatus in pressure-demand, MSHA/NIOSH (approved or equivalent), and full protective gear. Vapors may form an explosive mixture with air. Vapors can travel to a source of ignition and flash back. Will burn if involved in a fire. Flammable Liquid. Can release vapors that form explosive mixtures at temperatures above the flashpoint. Use water spray to keep fire-exposed containers cool. Containers may explode in the heat of a fire.

Extinguishing Media: For small fires, use dry chemical, carbon dioxide, water spray or alcohol-resistant foam. For large fires, use water spray, fog, or alcohol-resistant foam. Use water spray to cool fire-exposed containers. Water may be ineffective. Do NOT use straight streams of water.

Flash Point: 16.6 deg C (61.88 deg F)

Autoignition Temperature: 363 deg C (685.40 deg F)

Explosion Limits, Lower: 3.3 vol %

Upper: 19.0 vol %

NFPA Rating: (estimated) Health: 2; Flammability: 3; Instability: 0

Section 6 - Accidental Release Measures

General Information: Use proper personal protective equipment as indicated in Section 8.

Spills/Leaks: Absorb spill with inert material (e.g. vermiculite, sand or earth), then place in suitable container. Remove all sources of ignition. Use a spark-proof tool. Provide ventilation. A vapor suppressing foam may be used to reduce vapors.

Section 7 - Handling and Storage

Handling: Wash thoroughly after handling. Use only in a well-ventilated area. Ground and bond containers when transferring material. Use spark-proof tools and explosion proof equipment. Avoid contact with eyes, skin, and clothing. Empty containers retain product residue, (liquid and/or vapor), and can be dangerous. Keep container tightly closed. Avoid contact with heat, sparks and flame. Avoid ingestion and inhalation. Do not pressurize, cut, weld, braze, solder, drill, grind, or expose empty containers to heat, sparks or open flames.

Storage: Keep away from heat, sparks, and flame. Keep away from sources of ignition. Store in a tightly closed container. Keep from contact with oxidizing materials. Store in a cool, dry, well-ventilated area away from incompatible substances. Flammables-area. Do not store near perchlorates, peroxides, chromic acid or nitric acid.

Section 8 - Exposure Controls, Personal Protection

Engineering Controls: Use explosion-proof ventilation equipment. Facilities storing or utilizing this material should be equipped with an eyewash facility and a safety shower. Use adequate general or local exhaust ventilation to keep airborne concentrations below the permissible exposure limits.

Exposure Limits

Chemical Name	ACGIH	NIOSH	OSHA - Final PELs
Ethyl alcohol	1000 ppm TWA	1000 ppm TWA; 1900 mg/m ³ TWA 3300 ppm IDLH	1000 ppm TWA; 1900 mg/m ³ TWA
Water	none listed	none listed	none listed

OSHA Vacated PELs: Ethyl alcohol: 1000 ppm TWA; 1900 mg/m³ TWA Water: No OSHA Vacated PELs are listed for this chemical.

Personal Protective Equipment

Eyes: Wear appropriate protective eyeglasses or chemical safety goggles as described by OSHA's eye and face protection regulations in 29 CFR 1910.133 or European Standard EN166.

Skin: Wear appropriate protective gloves to prevent skin exposure.

Clothing: Wear appropriate protective clothing to prevent skin exposure.

Respirators: A respiratory protection program that meets OSHA's 29 CFR 1910.134 and ANSI Z88.2 requirements or European Standard EN 149 must be followed whenever workplace conditions warrant a respirator's use.

Section 9 - Physical and Chemical Properties

Section 9 - Physical and Chemical Properties

Physical State: Clear liquid
Appearance: colorless
Odor: Mild, rather pleasant, like wine or whis
pH: Not available.
Vapor Pressure: 59.3 mm Hg @ 20 deg C
Vapor Density: 1.59
Evaporation Rate: Not available.
Viscosity: 1.200 cP @ 20 deg C
Boiling Point: 78 deg C
Freezing/Melting Point: -114.1 deg C
Decomposition Temperature: Not available.
Solubility: Miscible.
Specific Gravity/Density: 0.790 @ 20°C
Molecular Formula: C₂H₅OH
Molecular Weight: 46.0414

Section 10 - Stability and Reactivity

Chemical Stability: Stable under normal temperatures and pressures.

Conditions to Avoid: Incompatible materials, ignition sources, excess heat, oxidizers.

Incompatibilities with Other Materials: Strong oxidizing agents, acids, alkali metals, ammonia, hydrazine, peroxides, sodium, acid anhydrides, calcium hypochlorite, chromyl chloride, nitrosyl perchlorate, bromine pentafluoride, perchloric acid, silver nitrate, mercuric nitrate, potassium-tert-butoxide, magnesium perchlorate, acid chlorides, platinum, uranium hexafluoride, silver oxide, iodine heptafluoride, acetyl bromide, disulfuryl difluoride, tetrachlorosilane + water, acetyl chloride, permanganic acid, ruthenium (VIII) oxide, uranyl perchlorate, potassium dioxide.

Hazardous Decomposition Products: Carbon monoxide, irritating and toxic fumes and gases, carbon dioxide.

Hazardous Polymerization: Will not occur.

Section 11 - Toxicological Information

RTECS#:

CAS# 64-17-5: KQ6300000

CAS# 7732-18-5: ZC0110000

LD50/LC50:

CAS# 64-17-5:

Draize test, rabbit, eye: 500 mg Severe;
Draize test, rabbit, eye: 500 mg/24H Mild;
Draize test, rabbit, skin: 20 mg/24H Moderate;
Inhalation, mouse: LC50 = 39 gm/m³/4H;
Inhalation, rat: LC50 = 20000 ppm/10H;
Oral, mouse: LD50 = 3450 mg/kg;
Oral, rabbit: LD50 = 6300 mg/kg;
Oral, rat: LD50 = 9000 mg/kg;
Oral, rat: LD50 = 7060 mg/kg;

CAS# 7732-18-5:

Oral, rat: LD50 = >90 mL/kg;

Carcinogenicity:

CAS# 64-17-5:

ACGIH: A4 - Not Classifiable as a Human Carcinogen **CAS# 7732-18-5:** Not listed by ACGIH, IARC, NIOSH, NTP, or OSHA.

Epidemiology: Ethanol has been shown to produce fetotoxicity in the embryo or fetus of laboratory animals. Prenatal exposure to ethanol is associated with a distinct pattern of congenital malformations that have collectively been termed the "fetal alcohol syndrome".

Teratogenicity: Oral, Human - woman: TDLo = 41 gm/kg (female 41 week(s) after conception) Effects on Newborn - Apgar score (human only) and Effects on Newborn - other neonatal measures or effects and Effects on Newborn - drug dependence.

Reproductive Effects: Intrauterine, Human - woman: TDLo = 200 mg/kg (female 5 day(s) pre-mating) Fertility - female fertility index (e.g. # females pregnant per # sperm positive females; # females pregnant per # females mated).

Neurotoxicity: No information available.

Mutagenicity: DNA Inhibition: Human, Lymphocyte = 220 mmol/L.; Cytogenetic Analysis: Human, Lymphocyte = 1160

gm/L.; Cytogenetic Analysis: Human, Fibroblast = 12000 ppm.; Cytogenetic Analysis: Human, Leukocyte = 1 pph/72H (Continuous).; Sister Chromatid Exchange: Human, Lymphocyte = 500 ppm/72H (Continuous).
Other Studies: Standard Draize Test(Skin, rabbit) = 20 mg/24H (Moderate) S tandard Draize Test: Administration into the eye (rabbit) = 500 mg (Severe).

Section 12 - Ecological Information

Ecotoxicity: Fish: Rainbow trout: LC50 = 12900-15300 mg/L; 96 Hr; Flow-through @ 24-24.3°C Rainbow trout: LC50 = 11200 mg/L; 24 Hr; Fingerling (Unspecified) ria: Phytobacterium phosphoreum: EC50 = 34900 mg/L; 5-30 min; Microtox test When spilled on land it is apt to volatilize, biodegrade, and leach into the ground water, but no data on the rates of these processes could be found. Its fate in ground water is unknown. When released into water it will volatilize and probably biodegrade. It would not be expected to adsorb to sediment or bioconcentrate in fish.

Environmental: When released to the atmosphere it will photodegrade in hours (polluted urban atmosphere) to an estimated range of 4 to 6 days in less polluted areas. Rainout should be significant.

Physical: No information available.

Other: No information available.

Section 13 - Disposal Considerations

Chemical waste generators must determine whether a discarded chemical is classified as a hazardous waste. US EPA guidelines for the classification determination are listed in 40 CFR Parts 261.3. Additionally, waste generators must consult state and local hazardous waste regulations to ensure complete and accurate classification.

RCRA P-Series: None listed.

RCRA U-Series: None listed.

Section 14 - Transport Information

	US DOT	IATA	RID/ADR	IMO	Canada TDG
Shipping Name:	ETHANOL				No information available.
Hazard Class:	3				
UN Number:	UN1170				
Packing Group:	II				

Section 15 - Regulatory Information

US FEDERAL

TSCA

CAS# 64-17-5 is listed on the TSCA inventory.

CAS# 7732-18-5 is listed on the TSCA inventory.

Health & Safety Reporting List

None of the chemicals are on the Health & Safety Reporting List.

Chemical Test Rules

None of the chemicals in this product are under a Chemical Test Rule.

Section 12b

None of the chemicals are listed under TSCA Section 12b.

TSCA Significant New Use Rule

None of the chemicals in this material have a SNUR under TSCA.

SARA

CERCLA Hazardous Substances and corresponding RQs

None of the chemicals in this material have an RQ.

SARA Section 302 Extremely Hazardous Substances

None of the chemicals in this product have a TPQ.

SARA Codes

CAS # 64-17-5: acute, chronic, flammable.

Section 313

No chemicals are reportable under Section 313.

Clean Air Act:

This material does not contain any hazardous air pollutants. This material does not contain any Class 1 Ozone depleters.

This material does not contain any Class 2 Ozone depleters.

Clean Water Act:

Clean Water Act:

None of the chemicals in this product are listed as Hazardous Substances under the CWA. None of the chemicals in this product are listed as Priority Pollutants under the CWA. None of the chemicals in this product are listed as Toxic Pollutants under the CWA.

OSHA:

None of the chemicals in this product are considered highly hazardous by OSHA.

STATE

CAS# 64-17-5 can be found on the following state right to know lists: California, New Jersey, Pennsylvania, Minnesota, Massachusetts.

CAS# 7732-18-5 is not present on state lists from CA, PA, MN, MA, FL, or NJ.

WARNING: This product contains Ethyl alcohol, a chemical known to the state of California to cause birth defects or other reproductive harm. California No Significant Risk Level: None of the chemicals in this product are listed.

European/International Regulations**European Labeling in Accordance with EC Directives****Hazard Symbols:**

F

Risk Phrases:

R 11 Highly flammable.

Safety Phrases:

S 16 Keep away from sources of ignition - No smoking.

S 33 Take precautionary measures against static discharges.

S 7 Keep container tightly closed.

S 9 Keep container in a well-ventilated place.

WGK (Water Danger/Protection)

CAS# 64-17-5: 0

CAS# 7732-18-5: No information available.

Canada - DSL/NDSL

CAS# 64-17-5 is listed on Canada's DSL List.

CAS# 7732-18-5 is listed on Canada's DSL List.

Canada - WHMIS

This product has a WHMIS classification of B2, D2A, D2B.

Canadian Ingredient Disclosure List

CAS# 64-17-5 is listed on the Canadian Ingredient Disclosure List.

Exposure Limits

CAS# 64-17-5: OEL-AUSTRALIA:TWA 1000 ppm (1900 mg/m3) OEL-BELGIUM:TWA 1000 ppm (1880 mg/m3) OEL-CZECHOSLOVAKIA:TWA 1000 mg/m3;STEL 5000 mg/m3 OEL-DENMARK:TWA 1000 ppm (1900 mg/m3) OEL-FINLAND:TWA 1000 ppm (1900 mg/m3);STEL 1250 ppm (2400 mg/m3) OEL-FRANCE:TWA 1000 ppm (1900 mg/m3);STEL 5000 pp OEL-GERMANY:TWA 1000 ppm (1900 mg/m3) OEL-HUNGARY:TWA 1000 mg/m3;STEL 3000 mg/m3 OEL-THE NETHERLANDS:TWA 1000 ppm (1900 mg/m3) OEL-THE PHILIPPINES:TWA 1000 ppm (1900 mg/m3) OEL-POLAND:TWA 1000 mg/m3 OEL-RUSSIA:STEL 1000 mg/m3 OEL-SWEDEN:TWA 1000 ppm (1900 mg/m3) OEL-SWITZERLAND:TWA 1000 ppm (1900 mg/m3) OEL-THAILAND:TWA 1000 ppm (1900 mg/m3) OEL-TURKEY:TWA 1000 ppm (1900 mg/m3) OEL-UNITED KINGDOM:TWA 1000 ppm (1900 mg/m3) JAN9 OEL IN BULGARIA, COLOMBIA, JORDAN, KOREA check ACGIH TLV OEL IN NEW ZEALAND, SINGAPORE, VIETNAM check ACGI TLV

Section 16 - Additional Information

MSDS Creation Date: 4/17/2001

Revision #1 Date: 4/17/2001

The information above is believed to be accurate and represents the best information currently available to us. However, we make no warranty of merchantability or any other warranty, express or implied, with respect to such information, and we assume no liability resulting from its use. Users should make their own investigations to determine the suitability of the information for their particular purposes. In no event shall Fisher be liable for any claims, losses, or damages of any third party or for lost profits or any special, indirect, incidental, consequential or exemplary damages, howsoever arising, even if Fisher has been advised of the possibility of such damages.

MSDS Number: M7700 * * * * Effective Date: 05/19/08 * * * * Supersedes: 08/18/05

MSDS Material Safety Data Sheet		24 Hour Emergency Telephone: 800-451-2151 CHEMTREC: 1-800-424-2309
From: Mallinckrodt Baker, Inc. 222 Red School Lane Phillipsburg, NJ 08865		National Response in Canada CANUTEC: 1-888-4666
Mallinckrodt CHEMICALS JT Baker		Outside U.S. and Canada Chemtrec: 903-521-3687
NOTE: CHEMTREC, CANUTEC and National Response Center Emergency Numbers are available 24 hours a day, 7 days a week. Chemical emergencies involving a spill, leak, fire, explosion or accident involving chemicals.		
All other emergency businesses should be directed to Customer Service at 610-682-2537 for assistance.		

MINERAL OIL

1. Product Identification

Synonyms: Paraffin oil; liquid petrolatum; White Mineral Oil; Nujol
CAS No.: 8012-95-1
Molecular Weight: Not applicable.
Chemical Formula: Not applicable.
Product Codes:
J.T. Baker: 2705
Mallinckrodt: 6357, 6358

2. Composition/Information on Ingredients

Ingredient	CAS No	Percent	Hazardous
Oil, Mineral	8012-95-1	90 - 100	Yes

3. Hazards Identification

Emergency Overview

WARNING: HARMFUL IF SWALLOWED OR INHALED. CAUSES IRRITATION TO SKIN, EYES AND RESPIRATORY TRACT. COMBUSTIBLE LIQUID AND VAPOR.

SAF-T-DATA^(tm) Ratings (Provided here for your convenience)

Health Rating: 2 - Moderate
Flammability Rating: 1 - Slight
Reactivity Rating: 0 - None
Contact Rating: 2 - Moderate
Lab Protective Equip: GOGGLES; LAB COAT; VENT HOOD; PROPER GLOVES
Storage Color Code: Green (General Storage)

Potential Health Effects

Inhalation:

Causes irritation to the respiratory tract. Symptoms may include coughing, shortness of breath. Inhalation of mist or vapor may produce aspiration pneumonia.

Ingestion:

Material is a cathartic and can cause serious diarrhea. Nausea and vomiting may also occur and possibly abdominal cramping. Aspiration of mineral oil into the lungs can cause chemical pneumonia.

Skin Contact:

Prolonged contact may cause irritation; occasionally dermatitis due to hypersensitivity occurs.

Eye Contact:

Mists or fumes can irritate the eyes. Can cause discomfort similar to motor oil.

Chronic Exposure:

Prolonged or repeated skin exposure may cause dermatitis. Highly refined mineral oils are not classified as human carcinogens. However, related forms (untreated and mildly-treated oils) are listed as human carcinogens by both NTP and IARC.

Aggravation of Pre-existing Conditions:

Persons with pre-existing skin disorders or impaired respiratory function may be more susceptible to the effects of the substance.

4. First Aid Measures

Inhalation:

Remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical attention.

Ingestion:

If swallowed, DO NOT INDUCE VOMITING. Give large quantities of water. Never give anything by mouth to an unconscious person. Get medical attention immediately. Aspiration hazard.

Skin Contact:

Immediately flush skin with plenty of water for at least 15 minutes. Remove contaminated clothing and shoes. Get medical attention. Wash clothing before reuse. Thoroughly clean shoes before reuse.

Eye Contact:

Immediately flush eyes with plenty of water for at least 15 minutes, lifting lower and upper eyelids occasionally. Get medical attention immediately.

5. Fire Fighting Measures

Fire:

Flash point: 135C (275F) CC

Autoignition temperature: 260 - 370C (500 - 698F)

Combustible Liquid and Vapor!

Explosion:

Not considered to be an explosion hazard.

Fire Extinguishing Media:

Water spray, dry chemical, alcohol foam, or carbon dioxide. Water or foam may cause frothing. Do not allow water runoff to enter sewers or waterways.

Special Information:

In the event of a fire, wear full protective clothing and NIOSH-approved self-contained breathing apparatus with full facepiece operated in the pressure demand or other positive pressure mode.

6. Accidental Release Measures

Ventilate area of leak or spill. Remove all sources of ignition. Wear appropriate personal protective equipment as specified in Section 8. Isolate hazard area. Keep unnecessary and unprotected personnel from entering. Contain and recover liquid when possible. Use non-sparking tools and equipment. Collect liquid in an appropriate container or absorb with an inert material (e. g., vermiculite, dry sand, earth), and place in a chemical waste container. Do not use combustible materials, such as saw dust. Do not flush to sewer!

7. Handling and Storage

Keep in a tightly closed container. Store in a cool, dry, ventilated area away from sources of heat or ignition. Protect against physical damage. Store separately from reactive or combustible materials, and out of direct sunlight. Containers of this material may be hazardous when empty since they retain product residues (vapors, liquid); observe all warnings and precautions listed for the product.

8. Exposure Controls/Personal Protection

Airborne Exposure Limits:

For Mineral Oil: Misted!

- OSHA Permissible Exposure Limit (PEL): 5 mg/m³

- ACGIH Threshold Limit Value (TLV):

5 mg/m³ (TWA) 10 mg/m³ (STEL)

(1 as sampled by method that does not collect vapor)

(1 Refers to airborne mist of mineral oil)

Ventilation System:

A system of local and/or general exhaust is recommended to keep employee exposures below the Airborne Exposure Limits. Local exhaust ventilation is generally preferred because it can control the emissions of the contaminant at its source, preventing dispersion of it into the general work area. Please refer to the ACGIH document, *Industrial Ventilation, A Manual of Recommended Practices*, most recent edition, for details.

Personal Respirators (NIOSH Approved):

If the exposure limit is exceeded and engineering controls are not feasible, a half facepiece particulate respirator (NIOSH type P95 or R95 filters) may be worn for up to ten times the exposure limit or the maximum use concentration specified by the appropriate regulatory agency or respirator supplier, whichever is lowest. A full-face piece particulate respirator (NIOSH type P100 or R100 filters) may be worn up to 50 times the exposure limit, or the maximum use concentration specified by the appropriate regulatory agency, or respirator supplier, whichever is lowest. Please note that N filters are not recommended for this material. For emergencies or instances where the exposure levels are not known, use a full-facepiece positive-pressure, air-supplied respirator. WARNING: Air-purifying respirators do not protect workers in oxygen-deficient atmospheres.

Skin Protection:

Wear impervious protective clothing, including boots, gloves, lab coat, apron or coveralls, as appropriate, to prevent skin contact.

Eye Protection:

Use chemical safety goggles and/or a full face shield where splashing is possible. Maintain eye wash fountain and quick-drench facilities in work area.

9. Physical and Chemical Properties

Appearance:

Clear oily liquid.

Odor:

Odorless.
Solubility:
 Insoluble in water.
Specific Gravity:
 Heavy: 0.845 to 0.905 Light: 0.818 to 0.880
pH:
 No information found.
% Volatiles by volume @ 21C (70F):
 0
Boiling Point:
 260 - 330C (500 - 626F)
Melting Point:
 No information found.
Vapor Density (Air=1):
 ca. 9
Vapor Pressure (mm Hg):
 < 0.5
Evaporation Rate (BuAc=1):
 No information found.

10. Stability and Reactivity

Stability:
 Stable under ordinary conditions of use and storage. May solidify at room temperature.
Hazardous Decomposition Products:
 Carbon dioxide and carbon monoxide may form when heated to decomposition.
Hazardous Polymerization:
 Will not occur.
Incompatibilities:
 Strong oxidizers.
Conditions to Avoid:
 Heat, flames, ignition sources and incompatibles.

11. Toxicological Information

Irritation Data, rabbit (Std Draize): skin= 100 mg/24Hr, mild; eye= 500 mg, moderate. Investigated as a tumorigen. Oral rat LD50: 22 gm/kg

-----\Cancer Lists\-----			
Ingredient	---NTP Carcinogen---		IARC Category
	Known	Anticipated	
Oil, Mineral (8012-95-1)	No	No	None

12. Ecological Information

Environmental Fate:
 No information found.
Environmental Toxicity:
 No information found.

13. Disposal Considerations

Whatever cannot be saved for recovery or recycling should be managed in an appropriate and approved waste disposal facility. Processing, use or contamination of this product may change the waste management options. State and local disposal regulations may differ from federal disposal regulations. Dispose of container and unused contents in accordance with federal, state and local requirements.

14. Transport Information

Not regulated.

15. Regulatory Information

-----\Chemical Inventory Status - Part 1\-----				
Ingredient	TSCA	EC	Japan	Australia
Oil, Mineral (8012-95-1)	Yes	Yes	No	Yes
-----\Chemical Inventory Status - Part 2\-----				
Ingredient	---Canada---			
	Korea	DSL	NDSL	Phil.

Oil, Mineral (3012-95-1)		Yes	Yes	No	Yes
-----\Federal, State & International Regulations - Part 1,-----					
-SARA 302-					
Ingredient	RQ	TPQ	List	-SARA 313----- Chemical Cate.	

Oil, Mineral (3012-95-1)	No	No	No	No	
-----\Federal, State & International Regulations - Part 2,-----					
-RCRA-					
Ingredient	CERCLA	261.33	-TSCA- 8 (d)		

Oil, Mineral (3012-95-1)	No	No	No		

Chemical Weapons Convention: No TSCA 12(b): No CDTA: No
 SARA 311/312: Acute: Yes Chronic: No Fire: Yes Pressure: No
 Reactivity: No (Pure / Liquid)

Australian Hazchem Code: None allocated.

Poison Schedule: S5

WHMIS:

This MSDS has been prepared according to the hazard criteria of the Controlled Products Regulations (CPR) and the MSDS contains all of the information required by the CPR.

16. Other Information

NFPA Ratings: Health: 0 Flammability: 1 Reactivity: 0

Label Hazard Warning:

WARNING! HARMFUL IF SWALLOWED OR INHALED. CAUSES IRRITATION TO SKIN, EYES AND RESPIRATORY TRACT. COMBUSTIBLE LIQUID AND VAPOR.

Label Precautions:

Avoid breathing mist.

Keep container closed.

Use only with adequate ventilation.

Avoid contact with eyes, skin and clothing.

Wash thoroughly after handling.

Keep away from heat, sparks and flame.

Label First Aid:

If swallowed, DO NOT INDUCE VOMITING. Give large quantities of water. Never give anything by mouth to an unconscious person. Get medical attention immediately. In case of contact, immediately flush eyes or skin with plenty of water for at least 15 minutes. Remove contaminated clothing and shoes. Wash clothing before reuse. If inhaled, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. In all cases, get medical attention.

Product Use:

Laboratory Reagent.

Revision Information:

No Changes.

Disclaimer:

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Prepared by: Environmental Health & Safety

Phone Number: (314) 654-1600 (U.S.A.)

Date: 7-8-09

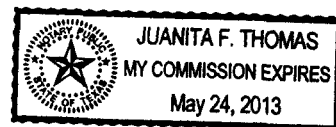
Regarding the personal effects of Bruce Howard (SSN: (b) (6)), I Herbert Forcey (DL: Texas (b) (6)) claim to be the brother of Bruce Howard.

On this date (7-8-09) I took possession of the attached list of personal items that belong to Bruce Howard. These items were held in safekeeping by CES Environmental Services. I have inventoried the items and agree that the inventory list is complete and accurate. These items are now in my possession and I take legal responsibility for these items. I understand that CES is giving me these items because of their belief that of my family relationship with Bruce Howard.

Signature: Herbert Forcey

I Greg Bowman, Vice President of CES Environmental Services, have reviewed the records we have on file for Bruce Howard. I could not identify any family members from his file. However, I have spoken with Annie McFarland (713-330-0539). We have reason to believe Annie is the sister of Bruce Howard. It is her wish that we provide the Personal Effects of Bruce Howard to Mr. Herbert Forcey. She confirms that Mr. Forcey is the brother of Bruce Howard.

Greg Bowman: Greg Bowman



Juanita F. Thomas

maria castillo

832

890

0140

(b) (6)



Bruce C. Howard Personal Items:

1. Wallet- containing the following:
 - \$287 Cash
 - Drivers License
 - Social Security Card
 - Ace Cash Express Member Card
2. Keys
3. Car (CES DID NOT inventory the car)
4. One pair of Sandals
5. One pair of Nike Shoes
6. One bottle of vitamins
7. Duffel bag- containing the following:
 - One ball cap
 - One bar soap
 - One deodorant
 - One bottle of lotion
 - One bottle of soap
 - One tube tooth paste
 - One pair of pants
 - Boxer shorts
 - One shirt
 - One undershirt
 - Pair of flip flops
 - One towel
 - One wash rag

CES Environmental Services, Inc is releasing the personal items of Bruce C. Howard to Bruce's following family members:

Print name: Herbert Forrey Signature: [Signature] Date: 7/8/09 Relationship: Bro
Print name: _____ Signature: _____ Date: _____ Relationship: _____

CES witness's: James T. Pharms, Jose Acosta Date: 7/8/09 @ 9:15am
[Signature] [Signature]
7/8/09

Employee Name: Bruse Howard

Emergency Contact: Elisabeth

Relationship: friend

Emergency Contact Phone #: 281-605 3606

Patricia Smith
Harris County Medical

713-796-6740

Case

ML 09-2257

Squad 40
~~713-646-5321~~

→
Annie McFarland

713-336-0539

Luis Sanchez M.D.
Chief Medical Examiner

Forensic Investigators (713) 796-6740

Fax: (713) 796-6842

Fax (713) 796-6991

Harris County Medical Examiner

Joseph A Jachimczyk Forensic Center
1885 Old Spanish Trail
Houston, Texas 77054

Fax

To: CES ENVIRONMENTAL SERVICES **Phone:** 713-676-1460

Attention: CFO-GREG BOWMAN **Fax:** 7136761676

ML#: ML09-2257 **DOD:** 7-7-09

Decedent: BRUCE C. HOWARD **DOB:**

DOB: 3-12-1964

☐ **Urgent – Autopsy pending**

☒ **Stat Request**

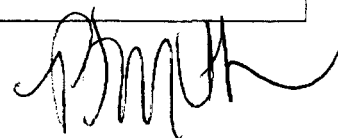
In accordance with the Texas Code of Criminal Procedures, Article 49.25, an investigation is conducted into the death of the below named decedent whose remains have come under the jurisdiction of the Harris County Medical Examiner. Authorization is hereby given to release any and all medical records and pertinent information associated with this decedent as indicated below. Release of protected health information to the Medical Examiner is authorized under the federal Health Insurance Portability and Accountability Act (HIPAA) at 45 CFR 164.512 (g) (1) and under the federal Confidentiality of Alcohol and Drug Treatment Act at 42 CFR 2.15 (b).

Please fax or mail all requested information to the Investigative Division at the above fax and address.

DATE: Tuesday, July 07, 2009 5:52 PM

Hospital Records:	Doctor's Office:	Police/EMS/Fire:
Admission Records	MD Notes	Police Report
DOS:	DOS:	Case #
D/C Summary (if on file)	Medication Sheet	Scene Photos
Operative Reports	Last 5 visits	EMS Run sheet
History & Physical		Accident Report
Emergency Room:		Case #
Lab Results	<p>***Please include employment start date, any emergency contact information/next of kin and description of Mr. Howard's duties with the company.</p> <p>Thank you in advance for your assistance!</p>	
Lab Samples (antemortem samples, including 1st blood, urine, stomach contents, etc.)		
Dental X-rays & charts		
X-rays & Radiology Reports		
Diagnostic Tests:		
U/S CT		
Other:		

Requested By: PATRICIA SMITH BA, Forensic Investigator





TEXAS EMPLOYER NEW HIRE REPORTING PROGRAM

New Hire Reporting Form

- Please write all entries in CAPS • All items **MUST** be completed unless noted with an *
• PRINT legibly in ink, or type all entries • Further instructions are on reverse side

EMPLOYER INFORMATION										
1. Federal Employer ID Number (FEIN) 1761-105929815					2. State Employer ID Number * 1761059298154					
3. Employer's Name CIESI ENVIIRONMENTAL SERVICES INC										
4. Employer's Address 14904 GRIFFIS ROAD										
5. Employer's City HOUSTON					6. State TX		7. ZIP Code 77021-3208			
8. Employer's Payroll Address (if different from above) *										
9. Employer's Payroll City					10. State		11. ZIP Code			
12. Employer's Telephone (713) 676-1460					13. Employer's FAX (713) 676-1676					
14. New Hire Contact Person* PRABHAKAR R THANGUDU										
EMPLOYEE INFORMATION										
15. Social Security Number (SSN) 4666354030					16. First Day of Work (Mo/Day/Yr) *		Month 01		Day 20	Year (4 digits) 2009
17. Employee First Name DRUCIE										
18. Employee Middle Name										
19. Employee Last Name HOWARD										
20. Employee Home Address 16004 Schorriedier										
21. Employee City HOUSTON					22. State TX		23. ZIP Code 77021			
24. Employee Foreign Address										
25. City					26. Country		27. Postal Code			
28. State Where Employee was hired* TX					29. Employee DOB (Mo/Day/Yr)		Month 03		Day 12	Year (4 digits) 1964
30. Employee's Salary Dollars 10.93 Cents					31. Salary (Check One) <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly					

* Optional

Submit within 20 calendar days of new employee's first day of work to
ENHR Operations Center, P.O. Box 149224, Austin, Texas 78714-9224
FAX: 1-800-732-5015, Phone: 1-800-850-6442
Online: <http://employer.oag.state.tx.us>

File - Workmans Comp. Texas mistake

Family: ?

Bill Boras - 713-704-3100



CES Environmental
Services, Inc.

4904 Griggs Road
Houston, TX 77021
Tel. (713) 676-1460
Fax. (713) 676-1676

Inbound Load Report

Job Number : 87922
Type of Material: oily water

Job Date: 6/17/2009
Bill of Lading #: 87922
Customer: Enviro Solution

Gross Weight: _____
Tare Weight: _____ OR Total Gallons Shipped: 5500
Net Weight: _____

Shipping Information

Carrier: Petroleum Express
Truck Number: _____
Trailer Number: 1276

CES Laboratory Use Only

Specific Gravity: _____
Pounds per Gallon: _____
Temperature: _____
Total Gross Gallons: 5500
% Water _____
% Solids 1
Total Net Gallons: 5500
(minus water and solids)

Misc Notes:

pH= 5
TOC= 94460
Phenol= 10
Solids= 1%
Flash Point < 80 F
~15% Oil ~84% H2O
Process to System 1

Surcharge @ \$0.25 per gallon

Sample Analyst: _____
(signature)

Sample Analyst: Julius Prantil Date: 6/19/2009

EPAHO043001188

STRAIGHT BILL OF LADING - SHORT FORM- Original - Not Negotiable						Shipper's No. <u>ES</u>	
(Carrier) <u>PETROLEUM EXPRESS SCAC.</u>						Carrier's No. <u>PE 8320</u>	
Received subject to the classifications and tariffs in effect on the date of this Bill of Lading: at <u>MONT BELVUE, TX</u> date <u>6/17/09</u> from <u>ENVIKOSOLUTIONS</u>							
the property described below, in apparent good order except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own road or its own water line, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier or all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained (as specified in Appendix B to Part 1035) which are hereby agreed to by the shipper and accepted for himself and his assigns. (Mail or street address of consignee for purposes of notification only.)							
TO: Consignee Street Destination <u>HOUSTON, TX</u> Zip _____			FROM: <u>ENVIKOSOLUTIONS</u> Consignee Street Origin <u>MONT BELVUE, TX</u> Zip _____				
Route: _____							
Delivering Carrier				Trailer (initial/Number) <u>110/1576</u>		U.S. DOT Hazmat Reg. Number _____	
No. of packages	H.M.	Description of articles, special marks, and exceptions	Hazard Class	I.D. Number	Packing Group	*Weight (subject to correction)	Class or rate
<u>1</u>		<u>OILY WATER</u>				<u>5500 GAL</u>	
		<u>NON-HAZARDOUS</u>					
		<u>NON-PLACARDED</u>					
		<u>PROFILE#</u>					
		<u>AL CONGOIA</u>					
		<u>6/17/09</u>					
Remit C.O.D. to: Address: _____ City: _____ State: _____ Zip: _____			COD AMT: \$ _____		Subject to Section 7 of conditions. If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
Charges Advanced \$ _____			C.O.D FEE: Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> \$ _____		FREIGHT CHARGES <input type="checkbox"/> Prepaid <input checked="" type="checkbox"/> Collect		
<small>If the shipment moves between two ports by a carrier by water, the law regulates that the bill of lading shall state whether it is carrier's or shipper's weight. Note - where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby Specifically stated by the shipper to be not exceeding _____ per _____ This is to certify that the above named materials are properly described, classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.</small>			PLACARDS REQUIRED		PLACARDS SUPPLIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO - FURNISHED BY CARRIER DRIVER'S SIGNATURE _____ DATE: <u>6/17/09</u>		
SHIPPER: <u>ENVIKOSOLUTIONS</u>			CARRIER: <u>PE</u>		DATE: <u>6/17/09</u>		
PER: _____ DATE: <u>6/17/09</u>			EMERGENCY RESPONSE TELEPHONE NUMBER: () _____				
Permanent post office address of shipper _____							

Monitored at all times the Hazardous Material is in transportation including storage incidental to transportation (\$172.604)

EPAH0043001189



4904 Griggs Road
Houston, TX 77021
Tel. (713) 676-1460
Fax. (713) 676-1676

Inbound Load Report

Job Number : 87922
Type of Material: oily water

Job Date: 6/17/2009
Bill of Lading #: 87922
Customer: Enviro Solution

Gross Weight: _____
Tare Weight: _____ OR Total Gallons Shipped: 5500
Net Weight: _____

Shipping Information

Carrier: Petroleum Express
Truck Number: _____
Trailer Number: 1276

CES Laboratory Use Only

Specific Gravity: _____
Pounds per Gallon: _____
Temperature: _____
Total Gross Gallons: 5500
% Water _____
% Solids 1
Total Net Gallons: 5500
(minus water and solids)

Misc Notes:

pH= 5
TOC= 94460
Phenol= 10
Solids= 1%
Flash Point < 80 F
~15% Oil ~84% H2O
Process to System 1
Surcharge @ \$0.25 per gallon

Sample Analyst: _____
(signature)

Sample Analyst: Julius Prantil Date: 6/19/2009

EPAHO043001190

[illegible]

EPАНО043001191



CES Environmental
Services, Inc.

4904 Griggs Road
Houston, TX 77021
Tel. (713) 676-1460
Fax. (713) 676-1676

Inbound Load Report

Job Number : 87922
Type of Material: oily water

Job Date: 6/17/2009
Bill of Lading #: 87922
Customer: Enviro Solution

Gross Weight: _____
Tare Weight: _____ OR Total Gallons Shipped: 5500
Net Weight: _____

Shipping Information

Carrier: Petroleum Express
Truck Number: _____
Trailer Number: 1276

CES Laboratory Use Only

Specific Gravity: _____
Pounds per Gallon: _____
Temperature: _____
Total Gross Gallons: 5500
% Water: _____
% Solids: 1
Total Net Gallons: 5500
(minus water and solids)

Misc Notes:

pH= 5
TOC= 94460
Phenol= 10
Solids= 1%
Flash Point < 80 F
~15% Oil ~84% H2O
Process to System 1

Surcharge @ \$0.25 per gallon

Sample Analyst: _____
(signature)

Sample Analyst: Julius Prantil Date: 6/19/2009

EPAHO043001192

STRAIGHT BILL OF LADING - SHORT FORM- Original - Not Negotiable

Shipper's No. 

(Carrier) ~~WETCOLEUM EXPRESS~~ SCAC.

Carrier's No. 7-250

Received subject to the classifications and tariffs in effect on the date of this Bill of Lading:
at Mont Belvieu, TX date 6/17/09 from ENVUROSOLUTIONS
the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned and destined as indicated below, which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to the usual place of delivery at said destination, if on its own road or its own water line, otherwise to deliver to another carrier on the route to said destination; it is mutually agreed, as to each carrier of all or any of said property over or by any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained (as specified in Appendix B to Part 1035) which are hereby agreed to by the shipper and accepted for himself and his assigns.

(Mail or street address of consignee for purposes of notification only.)

TO: CES
Consignee
Street
Destination HOUSTON TX Zip

FROM: ENVIRONMENTAL
Consignee
Street
Origin MONT BELLEVUE TX Zip

Route:

Delivering Carrier

Trailer Initial/ Number	110	1276
----------------------------	-----	------

U.S. DOT Hazmat
Reg. Number[illegible]**Remit C.O.D. to:**

Address:

City: _____ State: _____ Zip: _____

COD

AMT:

\$

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

C.O.D FEE:

Prepaid ☐

Collect ☐ \$

FREIGHT CHARGES
☐ Prepaid ☐ Collect

*If the shipment moves between two ports by a carrier by water, the law regulates that the bill of lading shall state whether it is carrier's or shipper's weight. Note - where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby _____ per
Specifically stated by the shipper be not exceeding _____ per

This is to certify that the above named materials are properly described, classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

PLACARDS REQUIRED

**PLACARDS
SUPPLIED**

☐ YES ☐ NO - FURNISHED BY CARRIER
DRIVER'S SIGNATURE

SHIPPER: ENVIRO SOLUTIONS PER: DATE: 6/17/09

CARRIER: PER
PER: PER DATE: 6/17/09

EMERGENCY RESPONSE

TELEPHONE NUMBER: ()

Permanent post office address of shipper

Monitored at all times the Hazardous Material is in transportation including storage incidental to transportation (§172.604)

ΕΡΑΗΟ043001193



CES Environmental
Services, Inc.

4904 Griggs Road
Houston, TX 77021
Tel. (713) 676-1460
Fax. (713) 676-1676

Inbound Load Report

Job Number : 87922
Type of Material: oily water

Job Date: 6/17/2009
Bill of Lading #: 87922
Customer: Enviro Solution

Gross Weight: _____
Tare Weight: _____ OR Total Gallons Shipped: 5500
Net Weight: _____

Shipping Information

Carrier: Petroleum Express
Truck Number: _____
Trailer Number: 1276

CES Laboratory Use Only

Specific Gravity: _____
Pounds per Gallon: _____
Temperature: _____
Total Gross Gallons: 5500
% Water _____
% Solids 1
Total Net Gallons: 5500
(minus water and solids)

Misc Notes:

pH= 5
TOC= 94460
Phenol= 10
Solids= 1%
Flash Point < 80 F
~15% Oil ~84% H2O
Process to System 1

Surcharge @ \$0.25 per gallon

Sample Analyst: _____
(signature)

Sample Analyst: Julius Prantil Date: 6/19/2009

EPAHO043001194

[illegible]

EPAH0043001195



4904 Griggs Road
Houston, TX 77021
Tel. (713) 676-1460
Fax. (713) 676-1676

Inbound Load Report

Job Number : 87922
Type of Material: oily water

Job Date: 6/17/2009
Bill of Lading #: 87922
Customer: Enviro Solution

Gross Weight: _____
Tare Weight: _____ OR Total Gallons Shipped: 5500
Net Weight: _____

Shipping Information

Carrier: Petroleum Express
Truck Number: _____
Trailer Number: 1276

CES Laboratory Use Only

Specific Gravity: _____
Pounds per Gallon: _____
Temperature: _____
Total Gross Gallons: 5500
% Water: _____
% Solids: 1
Total Net Gallons: 5500
(minus water and solids)

Misc Notes:

pH= 5
TOC= 94460
Phenol= 10
Solids= 1%
Flash Point < 80 F
~15% Oil ~84% H2O
Process to System 1

Surcharge @ \$0.25 per gallon

Sample Analyst: _____
(signature)

Sample Analyst: Julius Prantil Date: 6/19/2009

EPAHO043001196

STRAIGHT BILL OF LADING - SHORT FORM- Original - Not Negotiable						Shipper's No. <u>ES</u>			
(Carrier) <u>PETROLEUM EXPRESS SCAC.</u>						Carrier's No. <u>PE 8320</u>			
at <u>MONT BELVUE, TX</u> date <u>6/17/09</u>						from <u>ENVUROSOLUTIONS</u>			
<small>I hereby agree that the classification and tariff in effect on the date of this Bill of Lading shall apply to the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own road or its own water line, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any portion of said property over all or any portion of said route to destination, and as to each party interested in all or any of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained (as specified in Appendix B to Part 1035) which are hereby agreed to by the shipper and accepted for himself and his assigns.</small> (Mail or street address of consignee for purposes of notification only.)									
TO: Consignee Street Destination <u>HOUSTON, TX</u> Zip _____				FROM: <u>ENVUROSOLUTIONS</u> Consignee Street Origin <u>MONT BELVUE, TX</u> Zip _____					
Route: _____									
Delivering Carrier				Trailer Initial/Number <u>ID/1576</u>		U.S. DOT Hazmat Reg. Number _____			
No. of packages	HQ	Description of articles, special marks, and exceptions	Hazard Class	ID Number	Packing Group	*Weight (subject to correction)	Class or rate	Labels required	Check column
<u>1</u>		<u>OILY WATER</u>				<u>SECO</u>			
		<u>NON-HAZARDOUS</u>				<u>GAL</u>			
		<u>NON-PLACARDED</u>							
		<u>JOB 87922</u>							
		<u>PROFILE#</u>							
		<u>Al Longoria</u>							
Remit C.O.D. to: Address: _____ City: _____ State: _____ Zip: _____			COD AMT: <u>\$</u> Charges Advanced <u>\$</u>		Subject to Section 7 of conditions. If this shipment is to be delivered to the consignee without recourse to the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. (Signature of consignor) _____		C.O.D FEE: Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> \$ _____ FREIGHT CHARGES <input type="checkbox"/> Prepaid <input checked="" type="checkbox"/> Collect		
<small>If the shipment moves between two ports by a carrier by water the law regulates that the bill of lading shall state whether it is carrier's or shipper's weight. Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____.</small> This is to certify that the above named materials are properly described, classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.			PLACARDS REQUIRED		PLACARDS SUPPLIED		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO - FURNISHED BY CARRIER DRIVER'S SIGNATURE _____ DATE: <u>6/17/09</u>		
SHIPPER: <u>ENVUROSOLUTIONS</u>			CARRIER: <u>PE</u>		EMERGENCY RESPONSE TELEPHONE NUMBER: () _____		DATE: <u>6/17/09</u>		
PER: _____ DATE: <u>6/17/09</u>									

Permanent post office address of shipper _____

Monitored at all times the Hazardous Material is in transportation including storage incidental to transportation (\$172.604)

EPAAHQ043001197



**CES Environmental
Services, Inc.**

4904 Griggs Road
Houston, TX 77021
Tel. (713) 676-1460
Fax. (713) 676-1676

Inbound Load Report

Job Number : 87922
Type of Material: oily water

Job Date: 6/17/2009
Bill of Lading #: 87922
Customer: Enviro Solution

Gross Weight: _____
Tare Weight: _____ OR Total Gallons Shipped: 5500
Net Weight: _____

Shipping Information

Carrier: Petroleum Express
Truck Number: _____
Trailer Number: 1276

CES Laboratory Use Only

Specific Gravity: _____
Pounds per Gallon: _____
Temperature: _____
Total Gross Gallons: 5500
% Water _____
% Solids 1
Total Net Gallons: 5500
(minus water and solids)

Misc Notes:

pH= 5
TOC= 94460
Phenol= 10
Solids= 1%
Flash Point < 80 F
~15% Oil ~84% H2O
Process to System 1

Surcharge @ \$0.25 per gallon

Sample Analyst: _____
(signature)

Sample Analyst: Julius Prantil

Date: 6/19/2009

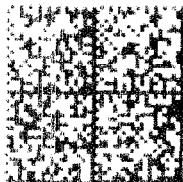
EPAHO043001198

TexasMutual[®]
Insurance Company

P.O. Box 12029 - Austin, TX 78711

85200-300

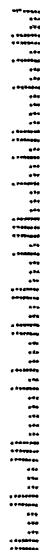
049J82037546
\$00.44
07/09/2009
Mailed From 78720
US POSTAGE

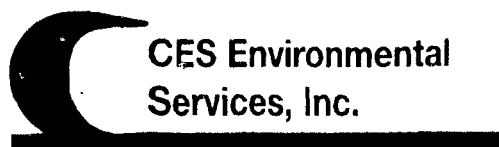


REPORT FRAUD
Fraud StoppersSM
Anonymous tip line
1-800-488-4488

Thank You!

7702133208 0021





4904 Griggs Road
Houston, TX 77021
Tel. (713) 676-1460
Fax. (713) 676-1676

Inbound Load Report

Job Number : 87922
Type of Material: oily water

Job Date: 6/17/2009
Bill of Lading #: 87922
Customer: Enviro Solution

Gross Weight: _____
Tare Weight: _____ OR Total Gallons Shipped: 5500
Net Weight: _____

Shipping Information

Carrier: Petroleum Express
Truck Number: _____
Trailer Number: 1276

CES Laboratory Use Only

Specific Gravity: _____
Pounds per Gallon: _____
Temperature: _____
Total Gross Gallons: 5500
% Water _____
% Solids 1
Total Net Gallons: 5500
(minus water and solids)

Misc Notes:

pH= 5
TOC= 94460
Phenol= 10
Solids= 1%
Flash Point < 80 F
~15% Oil ~84% H2O
Process to System 1
Surcharge @ \$0.25 per gallon

Sample Analyst: _____
(signature)

Sample Analyst: Julius Prantil Date: 6/19/2009

EPAHO043001201

STRAIGHT BILL OF LADING - SHORT FORM- Original - Not Negotiable

Shipper's No. ES 10540(Carrier) Enviro Solutions

SCAC. _____

Carrier's No. _____

Received, subject to the classifications and tariffs in effect on the date of this Bill of Lading

at Mont Belvieu Tx, date 6-8-07from Enviro Solutions

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own road or its own water line, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained (as specified in Appendix B to Part 1035) which are hereby agreed to by the shipper and accepted for himself and his assigns.

(Mail or street address of consignee for purposes of notification only.)

TO: CEC

Consignee

Street

Destination

4704 Grigg RdHouston TxZip 77021FROM: Enviro Solutions

Consignee

Street

Origin

11055 I-10 EMont Belvieu TxZip 77580

Route:

Delivering Carrier

Trailer Initial/
NumberU.S. DOT Hazmat
Reg. Number

No. of packages	HAZ	Description of articles, special marks, and exceptions	Hazard Class	ID Number	Packing Group	*Weight (subject to correction)	Class or rate	Labels required	Check column
		<u>Now H-2. Now Reg.</u>	<u>3</u>	<u>1993</u>	<u>II</u>				
		<u>Oil + Water</u>							
		<u>3000 Gallons</u>							
		<u>J# 87376</u>							
		<u>P# 87376 2084</u>							

Remit C.O.D. to:

Address:

City:

State:

Zip:

Al Lugoia

COD

AMT:

\$

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

C.O.D. FEE:

Prepaid ☐Collect ☐ \$

Charges Advanced

\$

(Signature of consignor)

FREIGHT CHARGES

☐ Prepaid ☐ Collect

This is to certify that the above named materials are properly described, classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Per

PLACARDS
REQUIREDPLACARDS
SUPPLIED☐ YES☐ NO - FURNISHED BY CARRIER

DRIVER'S SIGNATURE

SHIPPER:

PER:

DATE:

CARRIER: Enviro Solutions

PER:

DATE: 6-8-07

EMERGENCY RESPONSE

TELEPHONE NUMBER: ()

Permanent post office address of shipper

Monitored at all times the Hazardous Material is in transportation including storage incidental to transportation (\$172 804)



CES Environmental
Services, Inc.

4904 Griggs Road
Houston, TX 77021
Tel. (713) 676-1460
Fax. (713) 676-1676

Inbound Load Report

Job Number : 87376
Type of Material: oily water

Job Date: 6/8/2009
Bill of Lading #: 87376
Customer: Enviro Solution

Gross Weight: _____
Tare Weight: _____ OR Total Gallons Shipped: 3000
Net Weight: _____

Shipping Information

Carrier: Enviro Solutions
Truck Number: _____
Trailer Number: _____

CES Laboratory Use Only

Specific Gravity: _____
Pounds per Gallon: _____
Temperature: _____
Total Gross Gallons: 3000
% Water _____
% Solids _____
Total Net Gallons: 3000
(minus water and solids)

Misc Notes:

toc 132300 ppm process to system 1 \$.25/gal

Sample Analyst: _____
(signature)

Sample Analyst: Sam Brown

Date: 6/8/2009

EPAHO043001203

24 JUN
88107

MANDATORY: MUST FILL OUT EVERY DATA FIELD



WW INCOMING TANK TRUCK WATER TESTING DATA LOG SHEET

LEAD OPER. CALLED

DATE	TIME	Initials	Trailer Number	Customer Job Number	TESTING TYPE & RESULTS (must test pH & TOC on every sample)	WRITE in this COLUMN ALL INFO. that could be important	CHECK
6/15	13:25	P	252	Bigler JOB # 87616 Profile #: 3265	pH=7 TOC=1459 Phenol=0 METALS= EMULSION: YES NO: % Solids=0 Other TREAT or Test Info?	Inbound YES Outbound YES PFI Reviewed YES NO Problems? TOTAL GAL=4990 Out Job No. (C)	✓
6/15	13:35	P	241	Miller JOB # 87427 Profile #: 1261	pH=7 TOC=2434 Phenol=13 METALS= EMULSION: YES NO: % Solids=0 Other TREAT or Test Info?	Inbound YES Outbound YES PFI Reviewed YES NO Problems? TOTAL GAL=5000 Out Job No. (B)	✓
6/15	13:54	A	233	Seashore JOB # 87203 Profile #: 2255	pH=3 TOC=1383 Phenol=0 METALS= EMULSION: YES NO: % Solids=0 Other TREAT or Test Info?	Inbound YES Outbound YES PFI Reviewed YES NO Problems? TOTAL GAL=5000 Out Job No. (A)	✓
6/15	14:00	P	Ind	Enviro JOB # 87748 Profile #: 2084	pH=7 TOC=85510 Phenol=5 METALS= EMULSION: YES NO: % Solids=0 Other TREAT or Test Info? ~ 52 Oil FP < 85	Inbound YES Outbound YES PFI Reviewed YES NO Problems? TOTAL GAL=3000 Out Job No. (B)	✓
6/15	14:00	AL	223	Heaven JOB # 87533 Profile #: 1823	pH=11 TOC=18550 Phenol=200 METALS= EMULSION: YES NO: % Solids= Other TREAT or Test Info?	Inbound YES Outbound YES PFI Reviewed YES NO Problems? TOTAL GAL=5438 Out Job No. direct to System 2	✓
6/15	14:18	AL	IND	Enviro JOB # 87748 Profile #: 2084	pH= TOC=25550 Phenol=14 METALS= EMULSION: YES NO: % Solids= Other TREAT or Test Info?	Inbound YES Outbound YES PFI Reviewed YES NO Problems? TOTAL GAL=3000 Out Job No. (B)	✓
9/15	15:00	P	271	H.H.O.I. JOB # 87632 Profile #: 2836	pH=6 TOC=35040 Phenol=20 METALS= EMULSION: YES NO: % Solids=2.2 Other TREAT or Test Info? Morgan 52 Oil \$0.19/gal per	Inbound YES Outbound YES PFI Reviewed YES NO Problems? TOTAL GAL=4800 Out Job No. (B)	✓

EPAHQ043001204



**CES Environmental
Services, Inc.**

4904 Griggs Road Houston, TX 77021
Phone: (713) 676-1460 Fax: (713) 676-1676
http://www.cesenvironmental.com
TCEQ Industrial Solid Waste Permit No: 30948
U.S. EPA ID No: TXD008950461 ISWR No: 30900

SECTION 1: Generator Information

Company : Enviro Solutions - Baytown
Address : 11005 East I-10 11005 East I-10
City, State, Zip : Mont Belvieu TX 77580
Contact : Karl Romero Title :
Phone No : (409) 722-6880 Fax :
24 / HR Phone :
U.S EPA I.D No : TXR000055681
State I.D : A85786 SIC Code

SECTION 2: Billing Information

Company : Enviro Solutions - Baytown
Address : 11005 East I-10 11005 East I-10
City, State, Zip : Mont Belvieu TX 77580
Contact : Karl Romero Title :
Phone No : (409) 722-6880 Fax :

SECTION 3: General Description of the Waste

Name of Waste : High alcohol Wastewater w/oily water

Detailed Description of the Process Generating Waste:

gasoline/oil tanking contact water

Physical State : ☒ Liquid ☐ Sludge ☐ Powder
☐ Solid ☐ Filter Cake ☐ Combination

Color : clear Odor : alcohol

Specific Gravity (Water=1) : .96 Density : 7.5-8 lbs / gal

Does this material contain any total phenolic compounds? ☐ Yes ☒ No

Does this material contain any para substituted phenolic compounds? ☐ Yes ☒ No

Is the Waste subject to the benzene waste operation NESHAP? (40 CFR Part 61, Subpart FF) ☐ Yes ☒ No

2812	2813	2816	2819	2821	2822	2823	2824	2833	2834	2835	2836	2841	2842	2843	2844	2851
2861	2865	2869	2873	2874	2876	2879	2891	2892	2893	2896	2899	2911	3312	4953	4959	9511

Layers : ☒ Single-Phas ☐ Multi-Phase

Container Type : ☐ Drum ☐ Tote ☒ Truck ☐ Other (explain)

Container Size : 5000

Number Of Units : 2

Is this a USEPA "Hazardous Waste" per 40 CFR 261.3? ☐ Yes ☒ No

If "Yes", then please complete, sign and date the Underlying Hazardous Constituents Form attached hereto

If "Yes", is it: ☐ D001 ☐ D002 ☐ D003

Characteristic for Toxic Metals: ☐ D004 ☐ D005 ☐ D006 ☐ D007
☐ D008 ☐ D009 ☐ D010 ☐ D011

Characteristics for Toxic Organics: D012 thru D043 (please list all that apply)

Is this an "F" or "K" Listed waste or mixed with one? ☐ Yes ☒ No

If "Yes", then please list ALL applicable codes:

Is this a commercial product or spill cleanup that would carry a "U" or "P" waste code under 40 CFR 261.33(e) or (f)? ☐ Yes ☒ No

If "Yes", then please list ALL applicable codes:

Texas State Waste Code No : Recycle

Proper U.S. State Waste Code No : Non-RCRA/Non DOT regulated waste water (per 49 CFR 173.150 (e)(2))

Class : na UN/NA : na PG : na RQ : na

Flash Point <100	pH 6-9	Reactive Sulfides na mg/l	Reactive Cyanides na mg/l	Solids <1 %
Oil and Grease >1500 mg/l	TOC 60K-70K mg/l	Zinc 1-2 mg/l	Copper 0-1 mg/l	Nickel 0-3 mg/l

SECTION 4: Physical and Chemical Data

COMPONENTS TABLE	Concentration	Units
The material / product consists of the following materials	Ranges are acceptable	or %
methanol/ethanol (flash point <100)	<24	%
water	76-85	%
oil (flash point >160)	5-10	%

SECTION 5: Safety Related Data

If the handling of this waste requires the use of special protective equipment, please explain.
std

SECTION 6: Attached Supporting Documents

List all documents, notes, data, and/or analysis attached to this form as part of the waste approval package.
CES analytical

SECTION 7: Incompatibilities

Please list all incompatibilities (if any):
oxidizers

SECTION 8: Generator's Knowledge Documentation

Laboratory analysis of the hazardous waste characteristics, listed below, WAS NOT PERFORMED based upon the following generators knowledge

TCLP Metals : X
TCLP Volatiles : X
TCLP Semi-Volatiles : X
Reactivity : X

Corrosivity : x
Ignitability : x

SECTION 9: Waste Receipt Classification Under 40 CFR 437

Is this material a wastewater or wastewater sludge ? ☒ YES ☐ NO

If 'YES', complete this section

PLEASE CHECK THE APPROPRIATE BOX: IF NO APPROPRIATE CATEGORY, GO TO THE NEXT PAGE

Metals Subcategory: Subpart A

- ☐ Spent electroplating baths and/or sludges
- ☐ Metal finishing rinse water and sludges
- ☐ Chromate wastes
- ☐ Air pollution control blow down water and sludges
- ☐ Spent anodizing solutions
- ☐ Incineration wastewaters
- ☐ Waste liquid mercury
- ☐ Cyanide-containing wastes greater than 136 mg/l
- ☐ Waste acids and bases with or without metals
- ☐ Cleaning, rinsing, and surface preparation solutions from electroplating or phosph
- ☐ Vibratory deburring wastewater
- ☐ Alkaline and acid solutions used to clean metal parts or equipment

Oils Subcategory: Subpart B

- ☐ Used oils
- ☐ Oil-water emulsions or mixtures
- ☐ Lubricants
- ☐ Coolants
- ☐ Contaminated groundwater clean-up from petroleum sources
- ☐ Used petroleum products
- ☐ Oil spill clean-up
- ☐ Bilge water
- ☐ Rinse/wash waters from petroleum sources
- ☐ Interceptor wastes
- ☐ Off-specification fuels
- ☐ Underground storage remediation wastes
- ☐ Tank clean-out from petroleum or oily sources
- ☐ Non-contact used glycols
- ☐ Aqueous and oil mixtures from parts cleaning operations
- ☐ Wastewater from oil bearing paint washes

Organics Subcategory Subpart C

- ☐ Landfill leachate
- ☐ Contaminated groundwater clean-up from non-petroleum sources
- ☒ Solvent-bearing wastes
- ☐ Off-specification organic product
- ☐ Still bottoms
- ☐ Byproduct waste glycol
- ☐ Wastewater from paint washes
- ☐ Wastewater from adhesive and/or epoxies formulation
- ☐ Wastewater from organic chemical product operations

☐ Tank clean-out from organic, non-petroleum sources

(1) If the waste contains oil and grease at or in excess of 100 mg/L, the waste should be classified in the oils subcategory

(2) If the waste contains oil and grease less than 100 mg/L, and has any of the pollutants listed below in concentrations in excess of the values listed below, the waste should be classified in the metals subcategory

Cadmium: 0.2 mg/L

Chromium: 8.9 mg/L

Copper: 4.9 mg/L

Nickel: 37.5 mg/L

(3) If the waste contains oil and grease less than 100 mg/L, and does not have concentrations of cadmium, chromium, copper, or nickel above any of the values listed above, the waste should be classified in the organics subcategory.

☐ Metals Subcategory

☐ Oils Subcategory

☒ Organics Subcategory

SECTION 10: Additional Instruction

If you cannot determine the correct subcategory in Section 9 and you did not furnish data for the concentration of Cadmium, Chromium, Copper, Nickel, and Oil and Grease, CES will send offsite to a commercial laboratory a sample to determine these concentrations. This will be prior to acceptance. The generator will be responsible for the cost of the analysis.

SECTION 11: Generator's Certification

The information contained herein is based on ☒ generator knowledge and/or ☐ analytical data. I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all materials described by this document.

Authorized Signature : _____ Date : 6/15/2009

Printed Name / Title : Eric McCallum / 6/15/09

CES USE ONLY (DO NOT WRITE IN THIS SPACE)

Process Facility Information :

25/gal FOB CES

Compliance Officer : Prabhakar Thangudu

Date : 6/15/2009 Status : Approved Rejected

Approval Number : HOU-3374

Waste Pre-Acceptance/Approval Letter

Date 7/7/2009

Dear **Karl Romero**

Thank you for choosing CES Environmental Services, Inc. for your waste disposal and/or recycling needs. The following waste stream has been approved at our facility in Houston, TX. If the waste received does not conform to the profile, then rejection or additional charges may apply.

CES Profile # HOU-3374

Expiration Date 6/15/2011

Generator: Enviro Solutions - Baytown

Address: 11005 East I-10
Mont Belvieu, TX 77580

Waste Information

Name of Waste: High alcohol Wastewater w/oily water

TCEQ Waste Code #: Recycle

Container Type:

Detailed Description of Process Generating Waste:

gasoline/oil tanking contact water

Color: clear

Odor: alcohol

pH: 6-9

Physical State:

Incompatibilities: oxidizers

Safety Related Data/Special Handling:

std

If you have any questions concerning this approval and/or the conditions, then please feel free to contact our office at (713) 676-1460.

Thank you,

Matt Bowman, President
CES Environmental Services, Inc.

Characteristic for Toxic Metals: ☐ D004 ☐ D005 ☐ D006 ☐ D007
☐ D008 ☐ D009 ☐ D010 ☐ D011

Characteristics for Toxic Organics: D012 thru D043 (please list all that apply)

Is this an "F" or "K" Listed waste or mixed with one? ☐ Yes ☒ No

If "Yes", then please list ALL applicable codes:

Is this a commercial product or spill cleanup that would carry a "U" or "P" waste code under 40 CFR 261.33(e) or (f)? ☐ Yes ☒ No

If "Yes", then please list ALL applicable codes:

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Oil and Grease >1500 mg/l	TOC 60K-70K mg/l	Zinc 1-2 mg/l	Copper 0-1 mg/l	Nickel 0-3 mg/l

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std

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List all documents, notes, data, and/or analysis attached to this form as part of the waste approval package.

CES analytical

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Please list all incompatibilities (if any):

oxidizers

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Laboratory analysis of the hazardous waste characteristics, listed below, WAS NOT PERFORMED based upon the following generators knowledge

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TCLP Volatiles : X

TCLP Semi-Volatiles : X

Reactivity : X

Corrosivity : ☒ X
Ignitability : ☒ X

SECTION 9: Waste Receipt Classification Under 40 CFR 437

Is this material a wastewater or wastewater sludge ? ☒ YES ☐ NO

If 'YES', complete this section

PLEASE CHECK THE APPROPRIATE BOX: IF NO APPROPRIATE CATEGORY, GO TO THE NEXT PAGE

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- ☐ Bilge water
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- ☐ Wastewater from oil bearing paint washes

Organics Subcategory Subpart C

- ☐ Landfill leachate
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☐ Metals Subcategory

☐ Oils Subcategory

☒ Organics Subcategory

SECTION 10: Additional Instruction

If you cannot determine the correct subcategory in Section 9 and you did not furnish data for the concentration of Cadmium, Chromium, Copper, Nickel, and Oil and Grease, CES will send offsite to a commercial laboratory a sample to determine these concentrations. This will be prior to acceptance. The generator will be responsible for the cost of the analysis.

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The information contained herein is based on ☒ generator knowledge and/or ☐ analytical data. I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all materials described by this document.

Authorized Signature : _____

Date : 6/15/2009

Printed Name / Title : Eric McCallum / 6/15/09

CES USE ONLY (DO NOT WRITE IN THIS SPACE)

Process Facility Information :

.25/gal FOB CES

Compliance Officer : Prabhakar Thangudu

Date : 6/15/2009 Status : Approved Rejected

Approval Number : HOU-3374

BRUCE HOWARD



**CES Environmental
Services, Inc.**

4904 Griggs Road Houston, TX 77021
Phone: (713) 676-1460 Fax: (713) 676-1676
http://www.cesenvironmental.com
TCEQ Industrial Solid Waste Permit No: 30948
U.S. EPA ID No: TXD008950461 ISWR No: 30900

SECTION 1: Generator Information

Company : Enviro Solutions - Baytown
Address : 11005 East I-10 11005 East I-10
City, State, Zip : Mont Belvieu TX 77580
Contact : Karl Romero Title :
Phone No : (409) 722-6880 Fax :
24 / HR Phone :
U.S EPA I.D No : TXR000055681
State I.D : A85786 SIC Code

SECTION 2: Billing Information

Company : Enviro Solutions - Baytown
Address : 11005 East I-10 11005 East I-10
City, State, Zip : Mont Belvieu TX 77580
Contact : Karl Romero Title :
Phone No : (409) 722-6880 Fax :

SECTION 3: General Description of the Waste

Name of Waste : High alcohol Wastewater w/oily water

Detailed Description of the Process Generating Waste:

gasoline/oil tanking contact water

Physical State : ☒ Liquid ☐ Sludge ☐ Powder
☐ Solid ☐ Filter Cake ☐ Combination

Color : clear Odor : alcohol

Specific Gravity (Water=1) : .96 Density : 7.5-8 lbs / gal

Does this material contain any total phenolic compounds? ☐ Yes ☒ No

Does this material contain any para substituted phenolic compounds? ☐ Yes ☒ No

Is the Waste subject to the benzene waste operation NESHAP? (40 CFR Part 61, Subpart FF) ☐ Yes ☒ No

2812	2813	2816	2819	2821	2822	2823	2824	2833	2834	2835	2836	2841	2842	2843	2844	2851
2861	2865	2869	2873	2874	2876	2879	2891	2892	2893	2896	2899	2911	3312	4953	4959	9511

Layers : ☒ Single-Phas ☐ Multi-Phase

Container Type : ☐ Drum ☐ Tote ☒ Truck ☐ Other (explain)

Container Size : 5000

Number Of Units : 2

Is this a USEPA "Hazardous Waste" per 40 CFR 261.3? ☐ Yes ☒ No

If "Yes", then please complete, sign and date the Underlying Hazardous Constituents Form attached hereto

If "Yes", is it: ☐ D001 ☐ D002 ☐ D003

Material Safety Data Sheet

Methyl Alcohol, Reagent ACS, 99.8% (GC)

ACC# 95294

Section 1 - Chemical Product and Company Identification

MSDS Name: Methyl Alcohol, Reagent ACS, 99.8% (GC)**Catalog Numbers:** AC423950000, AC423950010, AC423950020, AC423955000, AC9541632, AC423952**Synonyms:** Carbinol; Methanol; Methyl hydroxide; Monohydroxymethane; Pyroxylic spirit; Wood alcohol; Wood naptha; Wood spirit; Monohydroxymethane; Methyl hydrate.**Company Identification:**

Acros Organics N.V.
One Reagent Lane
Fair Lawn, NJ 07410

For information in North America, call: 800-ACROS-01**For emergencies in the US, call CHEMTREC:** 800-424-9300

Section 2 - Composition, Information on Ingredients

CAS#	Chemical Name	Percent	EINECS/ELINCS
67-56-1	Methyl alcohol	99+	200-659-6

Hazard Symbols: T F**Risk Phrases:** 11 23/24/25 39/23/24/25

Section 3 - Hazards Identification

EMERGENCY OVERVIEW

Appearance: clear, colorless. **Flash Point:** 11 deg C. **Poison!** Cannot be made non-poisonous. Causes eye and skin irritation. May be absorbed through intact skin. This substance has caused adverse reproductive and fetal effects in animals. **Danger!** Flammable liquid and vapor. Harmful if inhaled. May be fatal or cause blindness if swallowed. May cause central nervous system depression. May cause digestive tract irritation with nausea, vomiting, and diarrhea. Causes respiratory tract irritation. May cause liver, kidney and heart damage.

Target Organs: Kidneys, heart, central nervous system, liver, eyes.**Potential Health Effects****Eye:** Produces irritation, characterized by a burning sensation, redness, tearing, inflammation, and possible corneal injury. May cause painful sensitization to light.**Skin:** Causes moderate skin irritation. May be absorbed through the skin in harmful amounts. Prolonged and/or repeated contact may cause defatting of the skin and dermatitis.**Ingestion:** May be fatal or cause blindness if swallowed. May cause gastrointestinal irritation with nausea, vomiting and diarrhea. May cause systemic toxicity with acidosis. May cause central nervous system depression, characterized by excitement, followed by headache, dizziness, drowsiness, and nausea. Advanced stages may cause collapse, unconsciousness, coma and possible death due to respiratory failure. May cause cardiopulmonary system effects.**Inhalation:** Harmful if inhaled. May cause adverse central nervous system effects including

headache, convulsions, and possible death. May cause visual impairment and possible permanent blindness. Causes irritation of the mucous membrane.

Chronic: Prolonged or repeated skin contact may cause dermatitis. Chronic inhalation and ingestion may cause effects similar to those of acute inhalation and ingestion. Chronic exposure may cause reproductive disorders and teratogenic effects. Laboratory experiments have resulted in mutagenic effects. Prolonged exposure may cause liver, kidney, and heart damage.

Section 4 - First Aid Measures

Eyes: Immediately flush eyes with plenty of water for at least 15 minutes, occasionally lifting the upper and lower eyelids. Get medical aid immediately.

Skin: Immediately flush skin with plenty of soap and water for at least 15 minutes while removing contaminated clothing and shoes. Get medical aid if irritation develops or persists. Wash clothing before reuse.

Ingestion: If victim is conscious and alert, give 2-4 cupfuls of milk or water. Never give anything by mouth to an unconscious person. Get medical aid immediately. Induce vomiting by giving one teaspoon of Syrup of Ipecac.

Inhalation: Get medical aid immediately. Remove from exposure to fresh air immediately. If breathing is difficult, give oxygen. Do NOT use mouth-to-mouth resuscitation. If breathing has ceased apply artificial respiration using oxygen and a suitable mechanical device such as a bag and a mask.

Notes to Physician: Effects may be delayed. Ethanol may inhibit methanol metabolism.

Section 5 - Fire Fighting Measures

General Information: Containers can build up pressure if exposed to heat and/or fire. As in any fire, wear a self-contained breathing apparatus in pressure-demand, MSHA/NIOSH (approved or equivalent), and full protective gear. Water runoff can cause environmental damage. Dike and collect water used to fight fire. Vapors can travel to a source of ignition and flash back. During a fire, irritating and highly toxic gases may be generated by thermal decomposition or combustion. Flammable Liquid. Can release vapors that form explosive mixtures at temperatures above the flashpoint. Use water spray to keep fire-exposed containers cool. Water may be ineffective. Material is lighter than water and a fire may be spread by the use of water. Vapors may be heavier than air. They can spread along the ground and collect in low or confined areas. May be ignited by heat, sparks, and flame.

Extinguishing Media: For small fires, use dry chemical, carbon dioxide, water spray or alcohol-resistant foam. Use water spray to cool fire-exposed containers. Water may be ineffective. For large fires, use water spray, fog or alcohol-resistant foam. Do NOT use straight streams of water.

Section 6 - Accidental Release Measures

General Information: Use proper personal protective equipment as indicated in Section 8.

Spills/Leaks: Scoop up with a nonsparking tool, then place into a suitable container for disposal. Use water spray to disperse the gas/vapor. Remove all sources of ignition. Absorb spill using an absorbent, non-combustible material such as earth, sand, or vermiculite. Do not use combustible materials such as saw dust. Provide ventilation. A vapor suppressing foam may be used to reduce vapors. Water spray may reduce vapor but may not prevent ignition in closed spaces.

Section 7 - Handling and Storage

Handling: Wash thoroughly after handling. Remove contaminated clothing and wash before reuse. Ground and bond containers when transferring material. Do not breathe dust, vapor, mist, or gas. Do not get in eyes, on skin, or on clothing. Empty containers retain product residue, (liquid and/or vapor), and can be dangerous. Keep container tightly closed. Avoid contact with heat, sparks and flame. Do not ingest or inhale. Use only in a chemical fume hood. Do not pressurize, cut, weld, braze, solder, drill, grind, or expose empty containers to heat, sparks or open flames.

Storage: Keep away from heat, sparks, and flame. Keep away from sources of ignition. Store in a cool, dry, well-ventilated area away from incompatible substances. Flammables-area. Keep containers tightly closed. Do not store in aluminum or lead containers.

Section 8 - Exposure Controls, Personal Protection

Engineering Controls: Use explosion-proof ventilation equipment. Facilities storing or utilizing this material should be equipped with an eyewash facility and a safety shower. Use adequate general or local exhaust ventilation to keep airborne concentrations below the permissible exposure limits. Use only under a chemical fume hood.

Exposure Limits

Chemical Name	ACGIH	NIOSH	OSHA - Final PELs
Methyl alcohol	200 ppm TWA; 250 ppm STEL; skin - potential for cutaneous absorption	200 ppm TWA; 260 mg/m3 TWA 6000 ppm IDLH	200 ppm TWA; 260 mg/m3 TWA

OSHA Vacated PELs: Methyl alcohol: 200 ppm TWA; 260 mg/m3 TWA; 250 ppm STEL; 325 mg/m3 STEL

Personal Protective Equipment

Eyes: Wear chemical goggles.

Skin: Wear appropriate protective gloves to prevent skin exposure.

Clothing: Wear appropriate protective clothing to prevent skin exposure.

Respirators: A respiratory protection program that meets OSHA's 29 CFR §1910.134 and ANSI Z88.2 requirements or European Standard EN 149 must be followed whenever workplace conditions warrant a respirator's use.

Section 9 - Physical and Chemical Properties

Physical State: Liquid

Appearance: clear, colorless

Odor: alcohol-like - weak odor

pH: Not available.

Vapor Pressure: 128 mm Hg @ 20 deg C

Vapor Density: 1.11 (Air=1)

Evaporation Rate: 5.2 (Ether=1)

Viscosity: 0.55 cP 20 deg C

Boiling Point: 64.7 deg C @ 760.00mm Hg

Freezing/Melting Point: -98 deg C

Autoignition Temperature: 464 deg C (867.20 deg F)

Flash Point: 11 deg C (51.80 deg F)

Decomposition Temperature: Not available.

NFPA Rating: (estimated) Health: 1; Flammability: 3; Reactivity: 0

Explosion Limits, Lower: 6.0 vol %

Upper: 36.00 vol %

Solubility: miscible

Specific Gravity/Density: .7910g/cm³

Molecular Formula: CH₄O

Molecular Weight: 32.04

Section 10 - Stability and Reactivity

Chemical Stability: Stable under normal temperatures and pressures.

Conditions to Avoid: High temperatures, incompatible materials, ignition sources, oxidizers.

Incompatibilities with Other Materials: Acids (mineral, non-oxidizing, e.g. hydrochloric acid, hydrofluoric acid, muriatic acid, phosphoric acid), acids (mineral, oxidizing, e.g. chromic acid, hypochlorous acid, nitric acid, sulfuric acid), acids (organic, e.g. acetic acid, benzoic acid, formic acid, methanoic acid, oxalic acid), azo, diazo, and hydrazines (e.g. dimethyl hydrazine, hydrazine, methyl hydrazine), isocyanates (e.g. methyl isocyanate), nitrides (e.g. potassium nitride, sodium nitride), peroxides and hydroperoxides (organic, e.g. acetyl peroxide, benzoyl peroxide, butyl peroxide, methyl ethyl ketone peroxide), epoxides (e.g. butyl glycidyl ether), Oxidants (such as barium perchlorate, bromine, chlorine, hydrogen peroxide, lead perchlorate, perchloric acid, sodium hypochlorite), Active metals (such as potassium and magnesium), acetyl bromide, alkyl aluminum salts, beryllium dihydride, carbontetrachloride, carbon tetrachloride + metals, chloroform + heat, chloroform + sodium hydroxide, cyanuric chloride, diethyl zinc, nitric acid, potassium-tert-butoxide, chloroform + hydroxide, water reactive substances (e.g. acetic anhydride, alkyl aluminum chloride, calcium carbide, ethyl dichlorosilane).

Hazardous Decomposition Products: Carbon monoxide, irritating and toxic fumes and gases, carbon dioxide, formaldehyde.

Hazardous Polymerization: Will not occur.

Section 11 - Toxicological Information

RTECS#:

CAS# 67-56-1: PC1400000

LD50/LC50:

CAS# 67-56-1:

Draize test, rabbit, eye: 40 mg Moderate;

Draize test, rabbit, eye: 100 mg/24H Moderate;

Draize test, rabbit, skin: 20 mg/24H Moderate;

Inhalation, rat: LC50 = 64000 ppm/4H;

Oral, mouse: LD50 = 7300 mg/kg;

Oral, rabbit: LD50 = 14200 mg/kg;

Oral, rat: LD50 = 5628 mg/kg;

Skin, rabbit: LD50 = 15800 mg/kg;

Carcinogenicity:

CAS# 67-56-1: Not listed by ACGIH, IARC, NIOSH, NTP, or OSHA.

Epidemiology: Methanol has been shown to produce fetotoxicity in the embryo or fetus of laboratory animals. Specific developmental abnormalities include cardiovascular, musculoskeletal, and urogenital systems.

Teratogenicity: Effects on Newborn: Behavioral, Oral, rat: TDLo=7500 mg/kg (female 17-19 days after conception). Effects on Embryo or Fetus: Fetotoxicity, Inhalation, rat: TCLo=10000

ppm/7H (female 7-15 days after conception). Specific Developmental Abnormalities: Cardiovascular, Musculoskeletal, Urogenital, Inhalation, rat: TCLo=20000 ppm/7H (7-14 days after conception).

Reproductive Effects: Paternal Effects: Spermatogenesis: Intraperitoneal, mouse TDLo=5 g/kg (male 5 days pre-mating). Fertility: Oral, rat: TDLo = 35295 mg/kg (female 1-15 days after conception). Paternal Effects: Testes, Epididymis, Sperm duct: Oral, rat: TDLo = 200 ppm/20H (male 78 weeks pre-mating).

Neurotoxicity: No information available.

Mutagenicity: DNA inhibition: Human Lymphocyte = 300 mmol/L. DNA damage: Oral, rat = 10 umol/kg. Mutation in microorganisms: Mouse Lymphocyte = 7900 mg/L. Cytogenetic analysis: Oral, mouse = 1 gm/kg.

Other Studies: Standard Draize Test(Skin, rabbit) = 20 mg/24H (Moderate) Standard Draize Test: Administration into the eye (rabbit) = 40 mg (Moderate). Standard Draize test: Administration into the eye (rabbit) = 100 mg/24H (Moderate).

Section 12 - Ecological Information

Ecotoxicity: Fish: Fathead Minnow: 29.4 g/L; 96 Hr; LC50 (unspecified) Goldfish: 250 ppm; 11 Hr; resulted in death Rainbow trout: 8000 mg/L; 48 Hr; LC50 (unspecified) Rainbow trout: LC50 = 13-68 mg/L; 96 Hr.; 12 degrees C Fathead Minnow: LC50 = 29400 mg/L; 96 Hr.; 25 degrees C, pH 7.63 Rainbow trout: LC50 = 8000 mg/L; 48 Hr.; Unspecified ria: Phytobacterium phosphoreum: EC50 = 51,000-320,000 mg/L; 30 minutes; Microtox test No data available.

Environmental: Dangerous to aquatic life in high concentrations. Aquatic toxicity rating: TLm 96>1000 ppm. May be dangerous if it enters water intakes. Methyl alcohol is expected to biodegrade in soil and water very rapidly. This product will show high soil mobility and will be degraded from the ambient atmosphere by the reaction with photochemically produced hydroxyl radicals with an estimated half-life of 17.8 days. Bioconcentration factor for fish (golden ide) < 10. Based on a log Kow of -0.77, the BCF value for methanol can be estimated to be 0.2.

Physical: No information available.

Other: None.

Section 13 - Disposal Considerations

Chemical waste generators must determine whether a discarded chemical is classified as a hazardous waste. US EPA guidelines for the classification determination are listed in 40 CFR Parts 261.3. Additionally, waste generators must consult state and local hazardous waste regulations to ensure complete and accurate classification.

RCRA P-Series: None listed.

RCRA U-Series: CAS# 67-56-1: waste number U154; (Ignitable waste).

Section 14 - Transport Information

	US DOT	IATA	RID/ADR	IMO	Canada TDG
Shipping Name:	METHANOL				METHANOL
Hazard Class:	3				3(6.1)
UN Number:	UN1230				UN1230
Packing Group:	II				II
Additional Info:					FLASHPOINT

smoking.

S 36/37 Wear suitable protective clothing and gloves.

S 45 In case of accident or if you feel unwell, seek medical advice immediately (show the label where possible).

S 7 Keep container tightly closed.

WGK (Water Danger/Protection)

CAS# 67-56-1: 1

Canada

CAS# 67-56-1 is listed on Canada's DSL List. CAS# 67-56-1 is listed on Canada's DSL List. This product has a WHMIS classification of B2, D1A, D2B.

CAS# 67-56-1 is listed on Canada's Ingredient Disclosure List.

Exposure Limits

CAS# 67-56-1: OEL-ARAB Republic of Egypt:TWA 200 ppm (260 mg/m3);Skin OEL-AUSTRALIA:TWA 200 ppm (260 mg/m3);STEL 250 ppm;Skin OEL-BELGIUM:TWA 200 ppm (262 mg/m3);STEL 250 ppm;Skin OEL-CZECHOSLOVAKIA:TWA 100 mg/m3;STEL 500 mg/m3 OEL-DENMARK:TWA 200 ppm (260 mg/m3);Skin OEL-FINLAND:TWA 200 ppm (260 mg/m3);STEL 250 ppm;Skin OEL-FRANCE:TWA 200 ppm (260 mg/m3);STEL 1000 ppm (1300 mg/m3) OEL-GERMANY:TWA 200 ppm (260 mg/m3);Skin OEL-HUNGARY:TWA 50 mg/m3;STEL 100 mg/m3;Skin JAN9 OEL-JAPAN:TWA 200 ppm (260 mg/m3);Skin OEL-THE NETHERLANDS:TWA 200 ppm (260 mg/m3);Skin OEL-THE PHILIPPINES:TWA 200 ppm (260 mg/m3) OEL-POLAND:TWA 100 mg/m3 OEL-RUSSIA:TWA 200 ppm;STEL 5 mg/m3;Skin OEL-SWEDEN:TWA 200 ppm (250 mg/m3);STEL 250 ppm (350 mg/m3);Skin OEL-SWITZERLAND:TWA 200 ppm (260 mg/m3);STEL 400 ppm;Skin OEL-THAILAND:TWA 200 ppm (260 mg/m3) OEL-TURKEY:TWA 200 ppm (260 mg/m3) OEL-UNITED KINGDOM:TWA 200 ppm (260 mg/m3);STEL 250 ppm;Skin OEL IN BULGARIA, COLOMBIA, JORDAN, KOREA check ACGIH TLV OEL IN NEW ZEALAND, SINGAPORE, VIETNAM check ACGI TLV

Section 16 - Additional Information

MSDS Creation Date: 7/21/1999

Revision #4 Date: 3/14/2001

The information above is believed to be accurate and represents the best information currently available to us. However, we make no warranty of merchantability or any other warranty, express or implied, with respect to such information, and we assume no liability resulting from its use. Users should make their own investigations to determine the suitability of the information for their particular purposes. In no event shall Fisher be liable for any claims, losses, or damages of any third party or for lost profits or any special, indirect, incidental, consequential or exemplary damages, howsoever arising, even if Fisher has been advised of the possibility of such damages.

Material Safety Data Sheet
Ethyl Alcohol, 70%

ACC# 91791

Section 1 - Chemical Product and Company Identification

MSDS Name: Ethyl Alcohol, 70%

Catalog Numbers: S75119, S75120, S556CA4

Synonyms: Ethyl Alcohol; Ethyl Hydrate; Ethyl Hydroxide; Fermentation Alcohol; Grain Alcohol; Methylcarbinol; Molasses Alcohol; Spirits of Wine.

Company Identification:

Fisher Scientific
1 Reagent Lane
Fair Lawn, NJ 07410

For information, call: 201-796-7100

Emergency Number: 201-796-7100

For CHEMTREC assistance, call: 800-424-9300

For International CHEMTREC assistance, call: 703-527-3887

Section 2 - Composition, Information on Ingredients

CAS#	Chemical Name	Percent	EINECS/ELINCS
64-17-5	Ethyl alcohol	70	200-578-6
7732-18-5	Water	30	231-791-2

Hazard Symbols: F

Risk Phrases: 11

Section 3 - Hazards Identification

EMERGENCY OVERVIEW

Appearance: colorless clear liquid. Flash Point: 16.6 deg C. Flammable liquid and vapor. May cause central nervous system depression. Causes severe eye irritation. Causes respiratory tract irritation. Causes moderate skin irritation. This substance has caused adverse reproductive and fetal effects in humans. **Warning!** May cause liver, kidney and heart damage.

Target Organs: Kidneys, heart, central nervous system, liver.

Potential Health Effects

Eye: Causes severe eye irritation. May cause painful sensitization to light. May cause chemical conjunctivitis and corneal damage.

Skin: Causes moderate skin irritation. May cause cyanosis of the extremities.

Ingestion: May cause gastrointestinal irritation with nausea, vomiting and diarrhea. May cause systemic toxicity with acidosis. May cause central nervous system depression, characterized by excitement, followed by headache, dizziness, drowsiness, and nausea. Advanced stages may cause collapse, unconsciousness, coma and possible death due to respiratory failure.

Inhalation: Inhalation of high concentrations may cause central nervous system effects characterized by nausea, headache, dizziness, unconsciousness and coma. Causes respiratory tract irritation. May cause narcotic effects in high concentration. Vapors may cause dizziness or suffocation.

Chronic: May cause reproductive and fetal effects. Laboratory experiments have resulted in mutagenic effects. Animal studies have reported the development of tumors. Prolonged exposure may cause liver, kidney, and heart damage.

Section 4 - First Aid Measures

Eyes: Immediately flush eyes with plenty of water for at least 15 minutes, occasionally lifting the upper and lower eyelids. Get medical aid. Gently lift eyelids and flush continuously with water.

Skin: Get medical aid. Flush skin with plenty of water for at least 15 minutes while removing contaminated clothing and shoes. Wash clothing before reuse. Flush skin with plenty of soap and water.

Ingestion: Do NOT induce vomiting. If victim is conscious and alert, give 2-4 cupfuls of milk or water. Never give anything by mouth to an unconscious person. Get medical aid.

Inhalation: Remove from exposure and move to fresh air immediately. If not breathing, give artificial respiration. If breathing is difficult, give oxygen.

breathing is difficult, give oxygen. Get medical aid. Do NOT use mouth-to-mouth resuscitation.

Notes to Physician: Treat symptomatically and supportively. Persons with skin or eye disorders or liver, kidney, chronic respiratory diseases, or central and peripheral nervous system diseases may be at increased risk from exposure to this substance.

Antidote: Replace fluid and electrolytes.

Section 5 - Fire Fighting Measures

General Information: Containers can build up pressure if exposed to heat and/or fire. As in any fire, wear a self-contained breathing apparatus in pressure-demand, MSHA/NIOSH (approved or equivalent), and full protective gear. Vapors may form an explosive mixture with air. Vapors can travel to a source of ignition and flash back. Will burn if involved in a fire. Flammable Liquid. Can release vapors that form explosive mixtures at temperatures above the flashpoint. Use water spray to keep fire-exposed containers cool. Containers may explode in the heat of a fire.

Extinguishing Media: For small fires, use dry chemical, carbon dioxide, water spray or alcohol-resistant foam. For large fires, use water spray, fog, or alcohol-resistant foam. Use water spray to cool fire-exposed containers. Water may be ineffective. Do NOT use straight streams of water.

Flash Point: 16.6 deg C (61.88 deg F)

Autoignition Temperature: 363 deg C (685.40 deg F)

Explosion Limits, Lower: 3.3 vol %

Upper: 19.0 vol %

NFPA Rating: (estimated) Health: 2; Flammability: 3; Instability: 0

Section 6 - Accidental Release Measures

General Information: Use proper personal protective equipment as indicated in Section 8.

Spills/Leaks: Absorb spill with inert material (e.g. vermiculite, sand or earth), then place in suitable container. Remove all sources of ignition. Use a spark-proof tool. Provide ventilation. A vapor suppressing foam may be used to reduce vapors.

Section 7 - Handling and Storage

Handling: Wash thoroughly after handling. Use only in a well-ventilated area. Ground and bond containers when transferring material. Use spark-proof tools and explosion proof equipment. Avoid contact with eyes, skin, and clothing. Empty containers retain product residue, (liquid and/or vapor), and can be dangerous. Keep container tightly closed. Avoid contact with heat, sparks and flame. Avoid ingestion and inhalation. Do not pressurize, cut, weld, braze, solder, drill, grind, or expose empty containers to heat, sparks or open flames.

Storage: Keep away from heat, sparks, and flame. Keep away from sources of ignition. Store in a tightly closed container. Keep from contact with oxidizing materials. Store in a cool, dry, well-ventilated area away from incompatible substances. Flammables-area. Do not store near perchlorates, peroxides, chromic acid or nitric acid.

Section 8 - Exposure Controls, Personal Protection

Engineering Controls: Use explosion-proof ventilation equipment. Facilities storing or utilizing this material should be equipped with an eyewash facility and a safety shower. Use adequate general or local exhaust ventilation to keep airborne concentrations below the permissible exposure limits.

Exposure Limits

Chemical Name	ACGIH	NIOSH	OSHA - Final PELs
Ethyl alcohol	1000 ppm TWA	1000 ppm TWA: 1900 mg/m3 TWA 3300 ppm IDLH	1000 ppm TWA: 1900 mg/m3 TWA
Water	none listed	none listed	none listed

OSHA Vacated PELs: Ethyl alcohol: 1000 ppm TWA; 1900 mg/m3 TWA Water: No OSHA Vacated PELs are listed for this chemical.

Personal Protective Equipment

Eyes: Wear appropriate protective eyeglasses or chemical safety goggles as described by OSHA's eye and face protection regulations in 29 CFR 1910.133 or European Standard EN166.

Skin: Wear appropriate protective gloves to prevent skin exposure.

Clothing: Wear appropriate protective clothing to prevent skin exposure.

Respirators: A respiratory protection program that meets OSHA's 29 CFR 1910.134 and ANSI Z88.2 requirements or European Standard EN 149 must be followed whenever workplace conditions warrant a respirator's use.

Section 9 - Physical and Chemical Properties

Section 9 - Physical and Chemical Properties

Physical State: Clear liquid
Appearance: colorless
Odor: Mild, rather pleasant, like wine or whis
pH: Not available.
Vapor Pressure: 59.3 mm Hg @ 20 deg C
Vapor Density: 1.59
Evaporation Rate: Not available.
Viscosity: 1.200 cP @ 20 deg C
Boiling Point: 78 deg C
Freezing/Melting Point: -114.1 deg C
Decomposition Temperature: Not available.
Solubility: Miscible.
Specific Gravity/Density: 0.790 @ 20°C
Molecular Formula: C₂H₅OH
Molecular Weight: 46.0414

Section 10 - Stability and Reactivity

Chemical Stability: Stable under normal temperatures and pressures.
Conditions to Avoid: Incompatible materials, ignition sources, excess heat, oxidizers.
Incompatibilities with Other Materials: Strong oxidizing agents, acids, alkali metals, ammonia, hydrazine, peroxides, sodium, acid anhydrides, calcium hypochlorite, chromyl chloride, nitrosyl perchlorate, bromine pentafluoride, perchloric acid, silver nitrate, mercuric nitrate, potassium-tert-butoxide, magnesium perchlorate, acid chlorides, platinum, uranium hexafluoride, silver oxide, iodine heptafluoride, acetyl bromide, disulfuryl difluoride, tetrachlorosilane + water, acetyl chloride, permanganic acid, ruthenium (VIII) oxide, uranyl perchlorate, potassium dioxide.
Hazardous Decomposition Products: Carbon monoxide, irritating and toxic fumes and gases, carbon dioxide.
Hazardous Polymerization: Will not occur.

Section 11 - Toxicological Information

RTECS#:

CAS# 64-17-5: KQ6300000

CAS# 7732-18-5: ZC0110000

LD50/LC50:

CAS# 64-17-5:

Draize test, rabbit, eye: 500 mg Severe;
Draize test, rabbit, eye: 500 mg/24H Mild;
Draize test, rabbit, skin: 20 mg/24H Moderate;
Inhalation, mouse: LC50 = 39 gm/m³/4H;
Inhalation, rat: LC50 = 20000 ppm/10H;
Oral, mouse: LD50 = 3450 mg/kg;
Oral, rabbit: LD50 = 6300 mg/kg;
Oral, rat: LD50 = 9000 mg/kg;
Oral, rat: LD50 = 7060 mg/kg;

CAS# 7732-18-5:

Oral, rat: LD50 = >90 mL/kg;

Carcinogenicity:

CAS# 64-17-5:

ACGIH: A4 - Not Classifiable as a Human Carcinogen CAS# 7732-18-5: Not listed by ACGIH, IARC, NIOSH, NTP, or OSHA.

Epidemiology: Ethanol has been shown to produce fetotoxicity in the embryo or fetus of laboratory animals. Prenatal exposure to ethanol is associated with a distinct pattern of congenital malformations that have collectively been termed the "fetal alcohol syndrome".

Teratogenicity: Oral, Human - woman: TDLo = 41 gm/kg (female 41 week(s) after conception) Effects on Newborn - Apgar score (human only) and Effects on Newborn - other neonatal measures or effects and Effects on Newborn - drug dependence.

Reproductive Effects: Intrauterine, Human - woman: TDLo = 200 mg/kg (female 5 day(s) pre-mating) Fertility - female fertility index (e.g. # females pregnant per # sperm positive females; # females pregnant per # females mated).

Neurotoxicity: No information available.

Mutagenicity: DNA Inhibition: Human, Lymphocyte = 220 mmol/L.; Cytogenetic Analysis: Human, Lymphocyte = 1160

gm/L.; Cytogenetic Analysis: Human, Fibroblast = 12000 ppm.; Cytogenetic Analysis: Human, Leukocyte = 1 pph/72H (Continuous).; Sister Chromatid Exchange: Human, Lymphocyte = 500 ppm/72H (Continuous).
Other Studies: Standard Draize Test(Skin, rabbit) = 20 mg/24H (Moderate) S standard Draize Test: Administration into the eye (rabbit) = 500 mg (Severe).

Section 12 - Ecological Information

Ecotoxicity: Fish: Rainbow trout: LC50 = 12900-15300 mg/L; 96 Hr; Flow-through @ 24-24.3°C Rainbow trout: LC50 = 11200 mg/L; 24 Hr; Fingerling (Unspecified) ria: Phytobacterium phosphoreum: EC50 = 34900 mg/L; 5-30 min; Microtox test When spilled on land it is apt to volatilize, biodegrade, and leach into the ground water, but no data on the rates of these processes could be found. Its fate in ground water is unknown. When released into water it will volatilize and probably biodegrade. It would not be expected to adsorb to sediment or bioconcentrate in fish.

Environmental: When released to the atmosphere it will photodegrade in hours (polluted urban atmosphere) to an estimated range of 4 to 6 days in less polluted areas. Rainout should be significant.

Physical: No information available.

Other: No information available.

Section 13 - Disposal Considerations

Chemical waste generators must determine whether a discarded chemical is classified as a hazardous waste. US EPA guidelines for the classification determination are listed in 40 CFR Parts 261.3. Additionally, waste generators must consult state and local hazardous waste regulations to ensure complete and accurate classification.

RCRA P-Series: None listed.

RCRA U-Series: None listed.

Section 14 - Transport Information

	US DOT	IATA	RID/ADR	IMO	Canada TDG
Shipping Name:	ETHANOL				No information available.
Hazard Class:	3				
UN Number:	UN1170				
Packing Group:	II				

Section 15 - Regulatory Information

US FEDERAL

TSCA

CAS# 64-17-5 is listed on the TSCA inventory.

CAS# 7732-18-5 is listed on the TSCA inventory.

Health & Safety Reporting List

None of the chemicals are on the Health & Safety Reporting List.

Chemical Test Rules

None of the chemicals in this product are under a Chemical Test Rule.

Section 12b

None of the chemicals are listed under TSCA Section 12b.

TSCA Significant New Use Rule

None of the chemicals in this material have a SNUR under TSCA.

SARA

CERCLA Hazardous Substances and corresponding RQs

None of the chemicals in this material have an RQ.

SARA Section 302 Extremely Hazardous Substances

None of the chemicals in this product have a TPQ.

SARA Codes

CAS # 64-17-5: acute, chronic, flammable.

Section 313

No chemicals are reportable under Section 313.

Clean Air Act:

This material does not contain any hazardous air pollutants. This material does not contain any Class 1 Ozone depleters.

This material does not contain any Class 2 Ozone depleters.

Clean Water Act:

Clean Water Act:

None of the chemicals in this product are listed as Hazardous Substances under the CWA. None of the chemicals in this product are listed as Priority Pollutants under the CWA. None of the chemicals in this product are listed as Toxic Pollutants under the CWA.

OSHA:

None of the chemicals in this product are considered highly hazardous by OSHA.

STATE

CAS# 64-17-5 can be found on the following state right to know lists: California, New Jersey, Pennsylvania, Minnesota, Massachusetts.

CAS# 7732-18-5 is not present on state lists from CA, PA, MN, MA, FL, or NJ.

WARNING: This product contains Ethyl alcohol, a chemical known to the state of California to cause birth defects or other reproductive harm. California No Significant Risk Level: None of the chemicals in this product are listed.

European/International Regulations**European Labeling in Accordance with EC Directives****Hazard Symbols:**

F

Risk Phrases:

R 11 Highly flammable.

Safety Phrases:

S 16 Keep away from sources of ignition - No smoking.

S 33 Take precautionary measures against static discharges.

S 7 Keep container tightly closed.

S 9 Keep container in a well-ventilated place.

WGK (Water Danger/Protection)

CAS# 64-17-5: 0

CAS# 7732-18-5: No information available.

Canada - DSL/NDSL

CAS# 64-17-5 is listed on Canada's DSL List.

CAS# 7732-18-5 is listed on Canada's DSL List.

Canada - WHMIS

This product has a WHMIS classification of B2, D2A, D2B.

Canadian Ingredient Disclosure List

CAS# 64-17-5 is listed on the Canadian Ingredient Disclosure List.

Exposure Limits

CAS# 64-17-5: OEL-AUSTRALIA:TWA 1000 ppm (1900 mg/m³) OEL-BELGIUM:TWA 1000 ppm (1880 mg/m³) OEL-CZECHOSLOVAKIA:TWA 1000 mg/m³;STEL 5000 mg/m³ OEL-DENMARK:TWA 1000 ppm (1900 mg/m³) OEL-FINLAND:TWA 1000 ppm (1900 mg/m³);STEL 1250 ppm (2400 mg/m³) OEL-FRANCE:TWA 1000 ppm (1900 mg/m³);STEL 5000 pp OEL-GERMANY:TWA 1000 ppm (1900 mg/m³) OEL-HUNGARY:TWA 1000 mg/m³;STEL 3000 mg/m³ OEL-THE NETHERLANDS:TWA 1000 ppm (1900 mg/m³) OEL-THE PHILIPPINES:TWA 1000 ppm (1900 mg/m³) OEL-POLAND:TWA 1000 mg/m³ OEL-RUSSIA:STEL 1000 mg/m³ OEL-SWEDEN:TWA 1000 ppm (1900 mg/m³) OEL-SWITZERLAND:TWA 1000 ppm (1900 mg/m³) OEL-THAILAND:TWA 1000 ppm (1900 mg/m³) OEL-TURKEY:TWA 1000 ppm (1900 mg/m³) OEL-UNITED KINGDOM:TWA 1000 ppm (1900 mg/m³) JAN9 OEL IN BULGARIA, COLOMBIA, JORDAN, KOREA check ACGIH TLV OEL IN NEW ZEALAND, SINGAPORE, VIETNAM check ACGI TLV

Section 16 - Additional Information

MSDS Creation Date: 4/17/2001

Revision #1 Date: 4/17/2001

The information above is believed to be accurate and represents the best information currently available to us. However, we make no warranty of merchantability or any other warranty, express or implied, with respect to such information, and we assume no liability resulting from its use. Users should make their own investigations to determine the suitability of the information for their particular purposes. In no event shall Fisher be liable for any claims, losses, or damages of any third party or for lost profits or any special, indirect, incidental, consequential or exemplary damages, howsoever arising, even if Fisher has been advised of the possibility of such damages.

MSDS Number: M7700 * * * * Effective Date: 05/19/08 * * * * Supercedes: 08/18/05

MSDS Material Safety Data Sheet		24 Hour Emergency Telephone: 800-459-2151 CHEMTREC: 1-800-424-9309
From: Mallinckrodt Baker, Inc. 222 Red School Lane Phillipsburg, NJ 08865		National Response in Canada CANUTEC: 1-800-888-5685
Mallinckrodt CHEMICALS		Outside U.S. and Canada Chemtrec: 703-627-2887
J.T. Baker		NOTE: CHEMTREC, CANUTEC and National Response Center Arrangements must be made only in case of a chemical emergency. Please call 1-800-424-9309, 1-800-888-5685 or 703-627-2887 for assistance.

Non-Hazardous products should be ordered to Customer Service at 800-582-2617 for assistance.

MINERAL OIL

1. Product Identification

Synonyms: Paraffin oil; liquid petrolatum; White Mineral Oil; Nujol
CAS No.: 8012-95-1
Molecular Weight: Not applicable.
Chemical Formula: Not applicable.
Product Codes:
 J.T. Baker: 2705
 Mallinckrodt: 6357, 6358

2. Composition/Information on Ingredients

Ingredient	CAS No	Percent	Hazardous
Oil, Mineral	8012-95-1	100 ± 100%	Yes

3. Hazards Identification

Emergency Overview

WARNING! HARMFUL IF SWALLOWED OR INHALED. CAUSES IRRITATION TO SKIN, EYES AND RESPIRATORY TRACT. COMBUSTIBLE LIQUID AND VAPOR.

SAF-T-DATA^(TM) Ratings (Provided here for your convenience)

Health Rating: 2 - Moderate
 Flammability Rating: 1 - Slight
 Reactivity Rating: 0 - None
 Contact Rating: 2 - Moderate
 Lab Protective Equip: GOGGLES; LAB COAT; VENT HOOD; PROPER GLOVES
 Storage Color Code: Green (General Storage)

Potential Health Effects

Inhalation:

Causes irritation to the respiratory tract. Symptoms may include coughing, shortness of breath. Inhalation of mist or vapor may produce aspiration pneumonia.

Ingestion:

Material is a cathartic and can cause serious diarrhea. Nausea and vomiting may also occur and possibly abdominal cramping. Aspiration of mineral oil into the lungs can cause chemical pneumonia.

Skin Contact:

Prolonged contact may cause irritation; occasionally dermatitis due to hypersensitivity occurs.

Eye Contact:

Mists or fumes can irritate the eyes. Can cause discomfort similar to motor oil.

Chronic Exposure:

Prolonged or repeated skin exposure may cause dermatitis. Highly refined mineral oils are not classified as human carcinogens. However, related forms (untreated and mildly-treated oils) are listed as human carcinogens by both NTP and IARC.

Aggravation of Pre-existing Conditions:

Persons with pre-existing skin disorders or impaired respiratory function may be more susceptible to the effects of the substance.

4. First Aid Measures

Inhalation:

Remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical attention.

Ingestion:

If swallowed, DO NOT INDUCE VOMITING. Give large quantities of water. Never give anything by mouth to an unconscious person. Get medical attention immediately. Aspiration hazard.

Skin Contact:

Immediately flush skin with plenty of water for at least 15 minutes. Remove contaminated clothing and shoes. Get medical attention. Wash clothing before reuse. Thoroughly clean shoes before reuse.

Eye Contact:

Immediately flush eyes with plenty of water for at least 15 minutes, lifting lower and upper eyelids occasionally. Get medical attention immediately.

5. Fire Fighting Measures

Fire:

Flash point: 135C (275F) CC

Autoignition temperature: 260 - 370C (500 - 698F)

Combustible Liquid and Vapor!

Explosion:

Not considered to be an explosion hazard.

Fire Extinguishing Media:

Water spray, dry chemical, alcohol foam, or carbon dioxide. Water or foam may cause frothing. Do not allow water runoff to enter sewers or waterways.

Special Information:

In the event of a fire, wear full protective clothing and NIOSH-approved self-contained breathing apparatus with full facepiece operated in the pressure demand or other positive pressure mode.

6. Accidental Release Measures

Ventilate area of leak or spill. Remove all sources of ignition. Wear appropriate personal protective equipment as specified in Section 8. Isolate hazard area. Keep unnecessary and unprotected personnel from entering. Contain and recover liquid when possible. Use non-sparking tools and equipment. Collect liquid in an appropriate container or absorb with an inert material (e. g., vermiculite, dry sand, earth), and place in a chemical waste container. Do not use combustible materials, such as saw dust. Do not flush to sewer!

7. Handling and Storage

Keep in a tightly closed container. Store in a cool, dry, ventilated area away from sources of heat or ignition. Protect against physical damage. Store separately from reactive or combustible materials, and out of direct sunlight. Containers of this material may be hazardous when empty since they retain product residues (vapors, liquid); observe all warnings and precautions listed for the product.

8. Exposure Controls/Personal Protection

Airborne Exposure Limits:

For Mineral Oil; Misted:

- OSHA Permissible Exposure Limit (PEL): 5 mg/m³

- ACGIH Threshold Limit Value (TLV):

5 mg/m³ (TWA) 10 mg/m³ (STEL)

(1 as sampled by method that does not collect vapor)

C (Refers to airborne mist of mineral oil)

Ventilation System:

A system of local and/or general exhaust is recommended to keep employee exposures below the Airborne Exposure Limits. Local exhaust ventilation is generally preferred because it can control the emissions of the contaminant at its source, preventing dispersion of it into the general work area. Please refer to the ACGIH document, *Industrial Ventilation, A Manual of Recommended Practices*, most recent edition, for details.

Personal Respirators (NIOSH Approved):

If the exposure limit is exceeded and engineering controls are not feasible, a half facepiece particulate respirator (NIOSH type P95 or R95 filters) may be worn for up to ten times the exposure limit or the maximum use concentration specified by the appropriate regulatory agency or respirator supplier, whichever is lowest. A full-face piece particulate respirator (NIOSH type P100 or R100 filters) may be worn up to 50 times the exposure limit, or the maximum use concentration specified by the appropriate regulatory agency, or respirator supplier, whichever is lowest. Please note that N filters are not recommended for this material. For emergencies or instances where the exposure levels are not known, use a full-facepiece positive-pressure, air-supplied respirator. WARNING: Air-purifying respirators do not protect workers in oxygen-deficient atmospheres.

Skin Protection:

Wear impervious protective clothing, including boots, gloves, lab coat, apron or coveralls, as appropriate, to prevent skin contact.

Eye Protection:

Use chemical safety goggles and/or a full face shield where splashing is possible. Maintain eye wash fountain and quick-drench facilities in work area.

9. Physical and Chemical Properties

Appearance:

Clear oily liquid.

Odor:

Odorless.
Solubility:
 Insoluble in water.
Specific Gravity:
 Heavy: 0.845 to 0.905 Light: 0.818 to 0.880
pH:
 No information found.
% Volatiles by volume @ 21C (70F):
 0
Boiling Point:
 260 - 330C (500 - 626F)
Melting Point:
 No information found.
Vapor Density (Air=1):
 ca. 9
Vapor Pressure (mm Hg):
 < 0.5
Evaporation Rate (BuAc=1):
 No information found.

10. Stability and Reactivity

Stability:
 Stable under ordinary conditions of use and storage. May solidify at room temperature.
Hazardous Decomposition Products:
 Carbon dioxide and carbon monoxide may form when heated to decomposition.
Hazardous Polymerization:
 Will not occur.
Incompatibilities:
 Strong oxidizers.
Conditions to Avoid:
 Heat, flames, ignition sources and incompatibles.

11. Toxicological Information

Irritation Data, rabbit (Std Draize): skin= 100 mg/24H, mild; eye= 500 mg, moderate, Investigated as a tumorigen. Oral rat LD50: 22 gm/kg

-----Cancer Data-----			
Ingredient	---NTP Carcinogen---		IARC Category
	Known	Anticipated	
Oil, Mineral (8012-95-1)	No	No	None

12. Ecological Information

Environmental Fate:
 No information found.
Environmental Toxicity:
 No information found.

13. Disposal Considerations

Whatever cannot be saved for recovery or recycling should be managed in an appropriate and approved waste disposal facility. Processing, use or contamination of this product may change the waste management options. State and local disposal regulations may differ from federal disposal regulations. Dispose of container and unused contents in accordance with federal, state and local requirements.

14. Transport Information

Not regulated.

15. Regulatory Information

-----Chemical Inventory Status - Part 1-----				
Ingredient	TSCA	EC	Japan	Australia
Oil, Mineral (8012-95-1)	Yes	Yes	No	Yes

-----Chemical Inventory Status - Part 2-----				
Ingredient	--Canada--			
	Korea	DSL	NDSL	Phit.
Oil, Mineral (8012-95-1)				

Oil, Mineral (8012-25-1)	Yes	Yes	No	Yes
-----\Federal, State & International Regulations - Part 1,-----				
	-SARA 302-		-SARA 313-	
Ingredient	RQ	TPQ	List	Chemical Catg.
-----\Federal, State & International Regulations - Part 2,-----				
	-RCRA-		-TSCA-	
Ingredient	CBCL	261.33	8 d	
Oil, Mineral (8012-25-1)	No	No	No	No

Chemical Weapons Convention: No TSCA II-B: No CDTA: No
 SARA 311/312: Acute: Yes Chronic: No Fire: Yes Pressure: No
 Reactivity: No (Pure / Liquid)

Australian Hazchem Code: None allocated.

Poison Schedule: S5

WHMIS:

This MSDS has been prepared according to the hazard criteria of the Controlled Products Regulations (CPR) and the MSDS contains all of the information required by the CPR.

16. Other Information

NFPA Ratings: Health: 0 Flammability: 1 Reactivity: 0

Label Hazard Warning:

WARNING! HARMFUL IF SWALLOWED OR INHALED. CAUSES IRRITATION TO SKIN, EYES AND RESPIRATORY TRACT. COMBUSTIBLE LIQUID AND VAPOR.

Label Precautions:

Avoid breathing mist.

Keep container closed.

Use only with adequate ventilation.

Avoid contact with eyes, skin and clothing.

Wash thoroughly after handling.

Keep away from heat, sparks and flame.

Label First Aid:

If swallowed, DO NOT INDUCE VOMITING. Give large quantities of water. Never give anything by mouth to an unconscious person. Get medical attention immediately. In case of contact, immediately flush eyes or skin with plenty of water for at least 15 minutes. Remove contaminated clothing and shoes. Wash clothing before reuse. If inhaled, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. In all cases, get medical attention.

Product Use:

Laboratory Reagent.

Revision Information:

No Changes.

Disclaimer:

 Mallinckrodt Baker, Inc. provides the information contained herein in good faith but makes no representation as to its comprehensiveness or accuracy. This document is intended only as a guide to the appropriate precautionary handling of the material by a properly trained person using this product. Individuals receiving the information must exercise their independent judgment in determining its appropriateness for a particular purpose. MALLINCKRODT BAKER, INC. MAKES NO REPRESENTATIONS OR WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE INFORMATION SET FORTH HEREIN OR THE PRODUCT TO WHICH THE INFORMATION REFERS. ACCORDINGLY, MALLINCKRODT BAKER, INC. WILL NOT BE RESPONSIBLE FOR DAMAGES RESULTING FROM USE OF OR RELIANCE UPON THIS INFORMATION.

Prepared by: Environmental Health & Safety

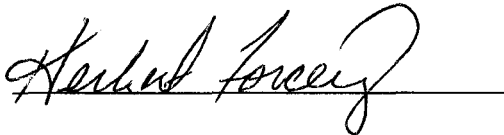
Phone Number: (314) 654-1600 (U.S.A.)

Date: 7-8-09

Regarding the personal effects of Bruce Howard (SSN (b) (6)) I Herbert Forcey (DL: Texas (b) (6)) claim to be the brother of Bruce Howard.

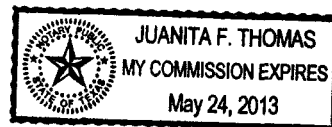
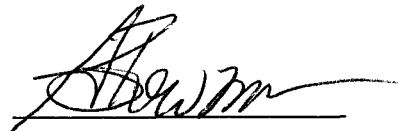
On this date (7-8-09) I took possession of the attached list of personal items that belong to Bruce Howard. These items were held in safekeeping by CES Environmental Services. I have inventoried the items and agree that the inventory list is complete and accurate. These items are now in my possession and I take legal responsibility for these items. I understand that CES is giving me these items because of their belief that of my family relationship with Bruce Howard.

Signature:



I Greg Bowman, Vice President of CES Environmental Services, have reviewed the records we have on file for Bruce Howard. I could not identify any family members from his file. However, I have spoken with (b) (6) (b) (6). We have reason to believe (b) (6) is the sister of Bruce Howard. It is her wish that we provide the Personal Effects of Bruce Howard to Mr. Herbert Forcey. She confirms that Mr. Forcey is the brother of Bruce Howard.

Greg Bowman:



(b) (6)



Bruce C. Howard Personal Items:

1. Wallet- containing the following:
 - \$287 Cash
 - Drivers License
 - Social Security Card
 - Ace Cash Express Member Card
2. Keys
3. Car (CES DID NOT inventory the car)
4. One pair of Sandals
5. One pair of Nike Shoes
6. One bottle of vitamins
7. Duffel bag- containing the following:
 - One ball cap
 - One bar soap
 - One deodorant
 - One bottle of lotion
 - One bottle of soap
 - One tube tooth paste
 - One pair of pants
 - Boxer shorts
 - One shirt
 - One undershirt
 - Pair of flip flops
 - One towel
 - One wash rag

CES Environmental Services, Inc is releasing the personal items of Bruce C. Howard to
Bruce's following family members:

Print name: Herbert Forcé Signature: [Signature] Date: 7/8/09 Relationship: Bro
Print name: _____ Signature: _____ Date: _____ Relationship: _____

CES witness's: James P. Pharms, Jose Acosta Date: 7/8/09 @ 9:15am
[Signature]
7/8/09

Employee Name: Bruse Howard

Emergency Contact: Elisabeth

Relationship: friend

Emergency Contact Phone #: (b) (6)

Patricia Smith
Harris County Medical
713-796-6740
case
ML 09-2257

Squad 40
~~713-646-5321~~



(b) (6)

Luis Sanchez M.D.
Chief Medical Examiner

Forensic Investigators (713) 796-6740

Fax: (713) 796-6842

Fax (713) 796-6991

Harris County Medical Examiner

Joseph A Jachimczyk Forensic Center
1885 Old Spanish Trail
Houston, Texas 77054

Fax

To: CES ENVIRONMENTAL SERVICES **Phone:** 713-676-1460

Attention: CFO-GREG BOWMAN **Fax:** 7136761676

ML#: ML09-2257 **DOD:** 7-7-09

Decedent: BRUCE C. HOWARD **DOB:**

DOB: (b) (6)

☐ **Urgent - Autopsy pending**

☒ **Stat Request**

In accordance with the Texas Code of Criminal Procedures, Article 49.25, an investigation is conducted into the death of the below named decedent whose remains have come under the jurisdiction of the Harris County Medical Examiner. Authorization is hereby given to release any and all medical records and pertinent information associated with this decedent as indicated below. Release of protected health information to the Medical Examiner is authorized under the federal Health Insurance Portability and Accountability Act (HIPAA) at 45 CFR 164.512 (g) (1) and under the federal Confidentiality of Alcohol and Drug Treatment Act at 42 CFR 2.15 (b).

Please fax or mail all requested information to the Investigative Division at the above fax and address.

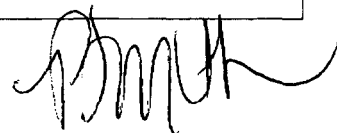
DATE: Tuesday, July 07, 2009 5:52 PM

Hospital Records:	Doctor's Office:	Police/EMS/Fire:
Admission Records	MD Notes	Police Report
DOS:	DOS:	Case #
D/C Summary (if on file)	Medication Sheet	Scene Photos
Operative Reports	Last 5 visits	EMS Run sheet
History & Physical		Accident Report
Emergency Room:		Case #
Lab Results		
Lab Samples (anemortem samples, including 1st blood, urine, stomach contents, etc.)		
Dental X-rays & charts		
X-rays & Radiology Reports		
Diagnostic Tests:		
U/S CT		
Other:		

*****Please include employment start date, any emergency contact information/next of kin and description of Mr. Howard's duties with the company.**

Thank you in advance for your assistance!

Requested By: PATRICIA SMITH BA, Forensic Investigator





TEXAS EMPLOYER NEW HIRE REPORTING PROGRAM

New Hire Reporting Form

• Please write all entries in CAPS • All items **MUST** be completed unless noted with an *
• PRINT legibly in ink, or type all entries • Further instructions are on reverse side

EMPLOYER INFORMATION

1. Federal Employer ID Number (FEIN)	(b) (6)	2. State Employer ID Number *	(b) (6)
3. Employer's Name	CIES ENVIRONMENTAL SERVICES INC		
4. Employer's Address	4904 GIRLIGIS ROAD		
5. Employer's City	HOUSTON	6. State	TX
7. ZIP Code	77021-3208		
8. Employer's Payroll Address (if different from above) *			
9. Employer's Payroll City		10. State	
11. ZIP Code			
12. Employer's Telephone	(713) 676-1460	13. Employer's FAX	(713) 676-1676
14. New Hire Contact Person*	PRABHAKAR R THANGUDU		

EMPLOYEE INFORMATION

15. Social Security Number (SSN)	(b) (6)	16. First Day of Work (Mo/Day/Yr) *	Month	Day	Year (4 digits)
17. Employee First Name	DINEE				
18. Employee Middle Name					
19. Employee Last Name	HOWARD				
20. Employee Home Address	(b) (6)				
21. Employee City	HOUSTON	22. State	TX	23. ZIP Code	77021
24. Employee Foreign Address					
25. City	26. Country		27. Postal Code		
28. State Where Employee was hired*	TX		29. Employee DOB (Mo/Day/Yr)	Month	Day
30. Employee's Salary Dollars (\$ and cents)	(b) (6)		31. Salary (Check One)	Year (4 digits)	
			<input checked="" type="checkbox"/> Hourly	<input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly
			<input type="checkbox"/> Weekly	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Yearly

*Optional

Submit within 20 calendar days of new employee's first day of work to
ENHR Operations Center, P.O. Box 149224, Austin, Texas 78714-9224
FAX: 1-800-732-5015, Phone: 1-800-850-6442
Online: <http://employer.oag.state.tx.us>

RECORD OF UPSET OR EMISSION EVENT §101.201

Identification Information

Owner/Operator Name:	CES Environmental Services, Inc.
Customer (CN) No.	600618946
Regulated Entity Name:	CES Environmental Services, Inc.
Regulated Entity (RN) No.	100693282
TCEQ Air Account No.	HG1270B

Event Information

Release Location Name: (physical location where emissions to atmosphere occurred)	Tankwash
Facility Identification (FIN): (common name and agency established number if applicable)	Tanker Truck
Emission Point No. (EPN): (common name and agency established emission point number if applicable)	Tankwash Bay 5 Roof Damage
Process Unit or Area:	Tankwash, Bay 5
Cause of Upset:	Under investigation
Time/Date Upset Discovered:	Afternoon of July 7, 2009
Duration of Event: (the estimated duration of the emissions in hours/minutes)	10 minutes
Corrective Actions to End or Minimize Emissions	Tankwash Bay 5 Barricaded by OSHA

Reporting

Reporting Requirement	None, the amount emitted was below the RQ specified in 101.1.			
Initial Report¹	Time/Date	N/A	Submitted by	N/A
	Agencies Notified	N/A		
Final Report²	Time/Date	N/A	Submitted by	N/A
	Agencies Notified	N/A		

- 1) If emissions are greater than the reportable quantity (RQ), an initial report must be submitted to the TCEQ Regional office and any local air pollution control agencies with jurisdiction within 24 hours of discovery of the event. A copy of the initial report should be attached to this document.
- 2) If information in the initial report differs from the information in this document, an updated final report must be submitted within two weeks of the end of the event. A copy of the final report can be maintained in place of this document.

Emission Information

Chemical	Reportable Quantity	Estimated Emissions	Authorized Emissions	Authorization (Permit No, PBR, etc)
Methanol, Ethanol, and hydrocarbon oil	Methanol - 5,000 lbs; Ethanol - 5,000 lbs; Hydrocarbon Oil - 100 lbs	36.87 lbs	N/A	
Method of Quantification³	Details provided in the comments section			

Comments

The quantity of vapor released during the incident is estimated below based on the following information:

Empty trailer volume (V) = 5,000 gallons (668.45 ft³)

Empty trailer was exposed to ambient daily heating in parking area (assume worst case interior temperature (T) of 120 F = 580 R)

The closed trailer last held wastewater containing a mixture of Methanol, Ethanol and hydrocarbon oil.

The most volatile constituents are Methanol and Ethanol:

Methanol = 7.450 psia true vapor pressure (VP) at 120 F; (Molecular Weight (WM) = 32.04 lb/lb mole)

Ethanol = 3.952 psia true vapor pressure (VP) at 120 F; (Molecular Weight (MW) = 46.07 lb/lb mole)

Ideal Gas Law equation is used to conservatively estimate the vapor mass in the empty trailer at 120 F:

$$E = (MW \times VP \times V) / (R \times T)$$

Where;

E = emissions in lbs

MW = molecular weight of vapor (lb/lb mole)

VP = vapor pressure of vapor at temperature (T) (psia)

T = vapor temperature (580 R)

R = Gas Constant (10.73 psia ft³/lb mole R)

$$E = (46.07 \times 7.450 \times 668.45) / (10.73 \times 580) = 36.87 \text{ lbs}$$

[Note: this estimate is conservatively high because it uses the higher molecular weight (ethanol) and the higher vapor pressure (methanol) to calculate the total vapor mass assuming the liquid last held was 100% alcohol. In reality, the liquid last transported was mostly water with a lesser fraction of alcohol. Therefore the actual alcohol emissions should be less]

The Reportable Quantity for Ethanol is 5,000 lbs [30 TAC 101.1(88)(A)(i)(III)(v)]

The Reportable Quantity for Methanol is 5,000 lbs [40 CFR 302, Table 302.4]

For hydrocarbon oil, the Reportable Quantity of 100 lbs is assumed [30 TAC 101.1(88)(A)(ii)]

OSHA's Form 301

Injuries and Illnesses Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Information about the employee

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

- 1) Full Name (b) (6)
- 2) Street (b) (6)
- City Houston State TX Zip 77021
- 3) Date of birth (b) (6)
- 4) Date hired 4/20/2009
- 5) ☒ Male
☐ Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional
Harris County Medical Examiner - Joseph A. Jachimczyk
- 7) If treatment was given away from the worksite, where was it given?
- Facility Herman Memorial Hospital
- Street _____
- City Houston State TX Zip _____
- 8) Was employee treated in an emergency room?
☒ Yes
☐ No
- 9) Was employee hospitalized overnight as an in-patient?
☐ Yes
☐ No

Information about the case

- 10) Case number from the Log 2 (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness 7/7/2009
- 12) Time employee began work 7:00 AM AM/PM
- 13) Time of event 4:00 PM AM/PM ☐ Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- Preparing to start a Tank Wash
- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time." Under investigation at this time.
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome." Death
- 17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
Energy Release from a tanker truck. Still under investigation
- 18) **If the employee died, when did death occur?** Date of death 7/7/2009

Completed by Jose A. Acosta

Title HSE Manager

Phone 713-676-1460 Date 7/10/2009

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

EPAHQ0043001239

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



Form approved OMB no. 1218-0176

City Houston State Texas

[illegible]

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

(1)	Injury
(2)	Skin Disorder
(3)	Respiratory Condition
(4)	Poisoning
(5)	All other illnesses

Page 1 of 1

ΕΡΑΗΟ043001240



Claim & Information Services
P.O. Box 12029
Austin, TX 78711-2029
1-800-859-5995 (512) 224-3800
Fax (512) 224-3889

July 9, 2009

C E S ENVIRONMENTAL SERVICES
4904 GRIGGS RD
HOUSTON, TX 77021-3208

Re: Claim #: 99K0000575653
Employee: (b) (6)
Soc. Sec.: (b) (6)
Employer: C E S ENVIRONMENTAL SERVICES
Date of Injury: 07/07/2009
DWC #:

In accordance with the Division of Workers' Compensation Rules, we are requesting that you submit the information indicated below. The DWC3 and DWC6 forms are available for printing from our website, www.texasmutual.com, under services, or from the division's website, www.tdi.state.tx.us. For your convenience, a DWC3 is now available for you to complete and submit on-line. It is located on our website, www.texasmutual.com under the Employers - Loss Run & Claims Detail Section. If you need assistance with filing the DWC3 on-line please contact me. If you do not have access to the Internet, we will be happy to send you a blank form.

☒ **DWC3 EMPLOYER'S WAGE STATEMENT (Rule 128.2) - Please fax or email attachment or use the on-line version (www.texasmutual.com).**

OR

☐ **DWC3SD EMPLOYER'S WAGE STATEMENT FOR SCHOOL DISTRICTS (Rule 128.7)**

☒ **DWC6 EMPLOYER'S SUPPLEMENTAL REPORT OF INJURY OR ILLNESS (Rule 120.3) - Please fax or email attachment. The following time frames apply.**

Within 10 days after:

- The end of each pay period in which the employee's earnings have changed as a result of the injury, OR
- The employee resigns or is terminated.

Within 3 days after:

- The employee begins to lose time from work as a result of the injury, OR
- The employee returns to work, OR
- The employee, after returning to work experiences an additional days(s) of disability as a result of the injury.

Failure to provide the required information is an administrative violation and may result in the assessment of a penalty from the Division of Workers' Compensation.

AND

☐ **EMPLOYEE ACKNOWLEDGEMENT OF WORKERS' COMPENSATION NETWORK FORM (This form(s) shall be completed, signed and submitted). Please fax or send attachment via email as soon as possible.**

☐ **COPY OF THE POST-ACCIDENT DRUG SCREEN RESULTS**

Thank you for your prompt attention to this matter. If you have any questions, please call me at 1-800-859-5995 ext. 7903.

Sincerely,

Diane Thiele
CAT WORKERS' COMP SPEC II

EPAHO043001241

CES Environmental Services, Inc.

INCIDENT REPORT

☐ Near Miss

☒ Accident

DATE OF INCIDENT: 7-7-09 TIME: 4:00 a.m. p.m.

RESULT OF INCIDENT: For Accidents check all that apply, for Near Misses **ONLY** 6 & 7 may be checked.

1) ☐ FIRE 2) ☒ EXPLOSION 3) ☐ EQUIPMENT DAMAGE 4) ☐ PROPERTY DAMAGE
5) ☐ PRODUCT LOSS 6) ☐ PRODUCTION LOSS 7) ☐ EMPLOYEE ENDANGERMENT

8) ☐ OTHER _____

PERSON(S) DIRECTLY INVOLVED:

Name: (b) (6) Name: _____
Name: _____ Name: _____

EXACT LOCATION WHERE INCIDENT OCCURRED: 4904 Griggs Rd. Houston TX 77021
W Tank Wash Bay 5

DESCRIBE FULLY HOW INCIDENT OCCURRED: (b) (6) was performing a tank wash and was standing on the cat walk / top of Tanker. Somehow an release of pressure or possibly an ignition source set off and caused it to come out of the top dome of the tanker where Bruce was standing, this caused him to be fall from the top of the tanker to the ground.

WHAT UNSAFE ACTS/CONDITIONS LEAD TO INCIDENT?: N/A

RECOMMENDATIONS TO PREVENT REOCCURRENCE: N/A

COMMENTS: It is unknown at this time how or what released from the tanker or what caused it.

WITNESSES (Print):

Name: Jorge Lara Name: _____
Name: _____ Name: _____

Prepared by (Print): Jose Acosta Title: HSE Manager Initials: JA

Approved by (Print): Jose Acosta Title: HSE Manager Initials: JA

Safety Representative Notified (Name): JOSE ACOSTA

Bruce Howard
Phone #s

T. Polak

(b) (6)

Tanya

Elizabeth

(b) (6)

Darrell
~~Bruce's Brother~~

(b) (6)

(b) (6)

Jorge

Joseph

Joye

Jr

Lil J

Morgan

Paula

Perrys

Philip

Russell

Sam

Saman

Schen

Sergio

→ Sherry

Steph

Stephan

Tanya

Ted

Tim

Tom

Allen

Anthony

Barn

Bar

Blue

Bo

Bobby

Bolivia

Boss

Bogo

Bruce

Carlos

Charles

Cody

Dray

Daniel

Darrell

David

David S

Donald

Fernando

Greg

Harley

Hickman

Jack

James

Joe C

(b) (6)

CES Environmental Services, Inc.

INCIDENT REPORT

☐ Near Miss

☒ Accident

DATE OF INCIDENT: 7-7-09 TIME: 4:00 a.m. p.m.

RESULT OF INCIDENT: For Accidents check all that apply, for Near Misses **ONLY** 6 & 7 may be checked.

- 1) ☐ FIRE 2) ☒ EXPLOSION 3) ☐ EQUIPMENT DAMAGE 4) ☐ PROPERTY DAMAGE
5) ☐ PRODUCT LOSS 6) ☐ PRODUCTION LOSS 7) ☐ EMPLOYEE ENDANGERMENT
8) ☐ OTHER _____

PERSON(S) DIRECTLY INVOLVED:

Name: (b) (6) Name: _____
Name: _____ Name: _____

EXACT LOCATION WHERE INCIDENT OCCURRED: _____

DESCRIBE FULLY HOW INCIDENT OCCURRED: _____

WHAT UNSAFE ACTS/CONDITIONS LEAD TO INCIDENT?: _____

RECOMMENDATIONS TO PREVENT REOCCURRENCE: _____

COMMENTS: _____

WITNESSES (Print):

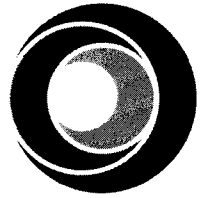
Name: _____ Name: _____
Name: _____ Name: _____

Prepared by (Print): _____ Title: _____ Initials: _____

Approved by (Print): _____ Title: _____ Initials: _____

Safety Representative Notified (Name): _____

U.S. Department of Labor Occupational Safety & Health Administration
Houston South Area Office
17625 El Camino Real Suite 400
Houston, Texas 77058
281/286-0583 Fax:281/286-6352



July 4, 2009

Matt Bowman
Houston CES Environmental Services
4904 Griggs Road
Houston, TX 77021

Mr. Bowman:

The Occupational Safety and Health Administration has opened an investigation concerning the incident at your Houston facility that occurred on or about July 7, 2009.

We are requesting that Houston CES Environmental Services (or anyone else on its behalf) not remove, intentionally alter, destroy, rearrange, or otherwise tamper with the equipment that was involved in the incident until the onsite investigator has had the opportunity to take photographs, make sketches, take measurements and/or completely document all physical characteristics of the equipment.

Please be aware that any attempt to intentionally alter, destroy, rearrange, or otherwise tamper with evidence that has potential relevance to OSHA's investigation may be a violation of 18 U.S.C. § 1519.

Thank you for your cooperation in this matter. Ms. Figueroa will be signing this letter under my authority and a follow up letter with my signature will follow on July 8, 2009.

Joann Figueroa
Assistant Area Director
Houston South Area Office



***Safety and Health
Add Value***

*OSHA's Mission: To assure safe and healthful working conditions
for working men and women.*

EPAHO043001245

U.S. Department of Labor Occupational Safety & Health Administration
Houston South Area Office
17625 El Camino Real Suite 400
Houston, Texas 77058
281/286-0583 Fax:281/286-6352



July 7, 2009

Matt Bowman
Houston CES Environmental Services
4904 Griggs Road
Houston, TX 77021

Mr. Bowman:

The Occupational Safety and Health Administration has opened an investigation concerning the incident at your Houston facility that occurred on or about July 7, 2009.

We are requesting that Houston CES Environmental Services (or anyone else on its behalf) not remove, intentionally alter, destroy, rearrange, or otherwise tamper with the equipment that was involved in the incident until the onsite investigator has had the opportunity to take photographs, make sketches, take measurements and/or completely document all physical characteristics of the equipment.

Please be aware that any attempt to intentionally alter, destroy, rearrange, or otherwise tamper with evidence that has potential relevance to OSHA's investigation may be a violation of 18 U.S.C. § 1519.

Thank you for your cooperation in this matter.

Mark R. Briggs
Area Director
Houston South Area Office



***Safety and Health
Add Value***

*OSHA's Mission: To assure safe and healthful working conditions
for working men and women.*

EPAHO043001246

Send the specified copies to your
Workers' Compensation Insurance Carrier
 and the injured employee.
***Employers - Do not send this form to the
 Texas Workers' Compensation Commission,
 unless the Commission specifically requests
 a direct filing.**

TWCC CLAIM # _____

CARRIER'S CLAIM # _____

EMPLOYER'S FIRST REPORT OF INJURY OR ILLNESS

1. Name (Last, First, M.I.) (b) (6)		2. Sex <input type="checkbox"/> F <input checked="" type="checkbox"/> M		15. Date of Injury 7-7-09		16. Time of Injury 4:00 pm		17. Date Lost Time	
Date of Birth (b) (6)				18. Nature of Injury* Death		19. Part of Body Injured or Exposed*			
6. Does the Employee Speak English? If No, Specify Language <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				20. How and Why Injury/Illness Occurred* N/A					
7. Race Black		8. Ethnicity		23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site CES Environmental Services 4904 GIGGS RD					
9. Mailing Address Street or P.O. Box (b) (6)				City Houston		State TX		Zip 77021	
10. Marital Status: NO				24. Cause of Injury (fall, tool, machine, etc.)* Flash Explosion					
11. Number of Dependent Children		12. Spouse's Name		25. List Witnesses: Jorge Luna					
13. Doctor's Name:				26. Return to work Date/or expected N/A		27. Did employee die? Yes		28. Supervisor's name James Pharms	
14. Doctor's Mailing Address (Street or P.O.Box)								28. Date Reported 7-7-09	
City		State		Zip					
30. Date of Hire 04/2009		31. Was employee hired or recruited in Texas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		32. Length of Service in Current Position (mm/yy) 2 months		33. Length of Service in Occupation (mm/yy) 2 months			
34. Employee Payroll Classification Code				35. Occupation of Injured Worker					
36. Rate of Pay at this job (b) (6)		37. Full Work Week is: Hours 40+		38. Last Paycheck was: Hours 30.02		39. Is employee an Owner, Partner, or Corporate Officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
40. Name and Title of Person Completing Form				41. Name of Business					
42. Business Mailing Address and Telephone Number City State Zip Tel No:				43. Business Location (If different from mailing address) City State Zip					
44. Federal Tax Identification Number		45. Primary Standard Industrial Classification (SIC) Code* (4 digit)		46. Specific SIC Code* (4 digit)		47. Texas Comptroller Tax payer No.			
48. Workers' Compensation Insurance Company				49. Policy Number					
50. Did you request accident prevention services in past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, did you receive them? <input type="checkbox"/> Yes <input type="checkbox"/> No									
51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING) X _____ Date _____									

You may be entitled to know what information UT Arlington (UTA) collects concerning you. You may review and have UTA correct this information according to procedures set forth in UT System BPM #32. The law is found in sections 552.021, 552.-23 and 559.004 of the Texas Government Code.

Continued on next page

Witness Statement

1 On July 7, 09 around 3:50 or 4:00 pm ^{between}
(b) (6) & I walk up to Bay
4 & 5 by the stair way to work
on ~~the~~ trailer 1276, I was suppose
to help Bruce to get ~~a~~ some heel out
when we walked up to Bay 4 & 5
he told me he was going on top
to go put the light & the ladder
& I told him ok & I'm gonna ~~be~~
• put the drums in the bottom, he said
ok, he went upstairs & I went
on the side of the trailer to
get the drums ready, ~~at~~ When I was
in the bottom I looked to the top
of tank and I saw ~~the~~ (b) (6) on
the rack cat walk, I saw him, getting the
ladder, ~~at~~ at that time I try to
open the ext. valve when I put
my hand on the valve I just
heard a bang ~~like~~ like a few,
I ran out the bay, I ran into the
wall & then with the ^{ground} cable, I
ran in front of Bay 5 then I
walk to bay 4 ~~was~~ ~~was~~ wondering what
had happen, I call out (b) (6)
name and I got no ~~any~~ answer, I
try again and no answer,


I was gonna go on day 3
to check if some had happen over there
and to check on (b) (6)
~~when~~ I took Few steps and
something ~~told~~ told me to look back
~~and~~ when I look back I look
toward 1276 on top and I saw
*slight ~~cloud~~ cloud of smoke, at the time
I thought of (b) (6) because I had
just seen ~~him~~ him on top, I ran upstairs
Few steps upstairs and then I saw
~~him~~ a body laying on the floor,
I could recognize him, the only way
I did it was because of his neckless,
I approach him and call out his name,
I said (b) (6) man what happen
*what you do, man come on (b) (6)
but he didnt answer, I saw (b) (6)
coming I told him call 911 he said
*they die, he ask what happen I told
him I dont know just call 911,
we ~~and~~ walk up to (b) (6), we check
his ~~pulse~~ pulse he had one, but
he wasnt breathing we ~~to~~ gave CPR
but he still would ~~breath~~ get no air
~~because~~ because his belly or chest
didnt move, ~~the~~ people came.

and help out, (b) (6) went to get
supply air to put on him
we did & put him on the side
he was throwing out fluids,
then the rescue personnel came
and I just walk out the
Bay.

(b) (6)

7-8-9

Standard Operating Procedure

<u>THINK...</u> <u>USE GOOD</u> <u>JUDGMENT</u>	 CES Environmental Services, Inc.	<u>YOUR</u> <u>ATTITUDE</u> <u>COUNTS</u>
Date Issued: <u>04/07/2008</u>	DEPARTMENT(S): - <u>Operations</u> - <u>Processing</u> - <u>Maintenance and Field Services</u>	Revised Date: <u>11/25/2008</u>
SOP Number: <u>08-029</u>	SOP Title: <u>Odor Management-Sampling</u> <u>Odorous Materials</u>	SOP Description: Describes the procedures for Pulling Samples of Odorous Materials on the CES Environmental Services, Inc. Yard

The following procedure should be followed when sampling a load coming in or leaving CES environmental Services yard. The Main Processing Facility Personnel are responsible for alerting whoever will be pulling the samples that the load is odorous so that these procedures will be followed.

- 1) Trailer should be parked in the wastewater unloading bay.
- 2) Scrubber unit should be checked and turned on and all valves (except the valve you need opened) should be closed
- 3) Vent line should be hooked up to scrubber unit and the vent valve moved to the open position.
- 4) Have sample jar and sampling device ready and open dome lid on trailer. Only open dome lid as much as you need to get the sample of the incoming or outgoing load. Sample should be pulled quickly. If odor is too bad stop the sampling and notify a supervisor
- 5) When pulling a sample on a product trailer that is going out for sale two samples need to be pulled. By pulling two samples this will prevent us from having to open the dome lid again and any potential for a release.

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Name _____

Date _____

Odor Management – Sampling Odorous Materials Training Document Quiz

1. Who is responsible for informing the person who will pull a sample that the load is odorous?
2. When should the Odor Management Procedures be followed?
 - a. _____
 - b. _____
 - c. _____
3. For odorous loads, where must the trailer be parked before a sample may be pulled?
4. What should be checked and turned on prior to pulling a sample?
5. All valves (except the valve you will be using) must be _____ at all times.
6. The vent line should be hooked up to the _____ and the valve moved to the open position.
7. The dome lid should be open as _____ (much, little) as possible; therefore all equipment should be ready and the sample should be pulled as _____ as possible.
8. What should be done if the odor is too bad?
9. If this is a sample product going out for resale, why should you pull two samples?

After this quiz has been checked and reviewed, you may consider yourself trained. I, _____, am now responsible for this information.

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Nombre _____


Fecha _____

Manejamiento de olores –documento de entnamiento para muestras de materiales olorosos.

1. quien es responsable que va a tomar lamuestra del cargo oloroso?
2. Cuando deberian los procedimientos de manejoamiento de olor se seguidos ?
 - A.
 - B
 - C
3. Para cargos olorosos, donde deberia ser el remolque estacionado para tomar una muestra?
4. Que deveria ser revisado y prendido ante de tomar una muestra ?
5. Todas las valvulas (exepto la valvula que se estara usando) debe estar _____ siempre.
6. La linea de ventilazion debe serconectada a la _____ y la valvula movida ala posision habierta.
7. La tapa del remolque debe ser habierta lo _____ (mucho , menos) possible; por lo tanto todo el equipo debe estar listo y la muestra debe ser sacada lo mas _____ possible.
8. Que debe hacer si el olor es muy fuerte?
9. Si esta es un amuestra de producto que sera vendida, poque se tiene que sacar dos muestras ?

Despues de terminar el examen y que sea revizado, te consideras entrenado. Yo, _____ , ahora soy responsable de esta informacion.

Standard Operating Procedure

<u>THINK...</u> <u>USE GOOD</u> <u>JUDGMENT</u>	 CES Environmental Services, Inc.	<u>YOUR</u> <u>ATTITUDE</u> <u>COUNTS</u>
Date Issued: <u>12/18/2007</u>	DEPARTMENT(S): - <u>Operations</u> - <u>Processing</u> - <u>Maintenance and Field</u> <u>Services</u> - <u>Sales, Finance, and</u> <u>Administration</u>	Revised Date: <u>11/25/2008</u>
SOP Number: <u>07-038</u>	SOP Title: <u>Shipping and Receiving</u> <u>Loads-Sample Management</u> (<u>Main Processing Facility</u> <u>Laboratory</u>)	SOP Description: This SOP provides a detailed description of the procedures for Managing Inbound and Outbound Load Samples.

This standard operating procedure must be followed when either receiving loads at CES (e.g. loads of waste, product, and material to be received and treated/managed by CES as well as loads of waste, product, and material to be trans-shipped to another facility) and when shipping loads originating at CES to an outside facility (e.g. loads of waste, product, and material to be shipped to another facility).

The SOP focuses on the work to be performed by the **Main Processing Facility Laboratory** as the functions performed by this group act as the nucleus for operations, dictating a significant portion of processing operations. Accordingly, the procedures detailed hereinafter pertain mainly to the “beginning” and the “end” operating procedures for the **Main Processing Facility** and the **Hydrocarbon Processing Facility** but do not cover the operations in the “middle”. That is, the SOP details the handling of all sampling, load inventory paperwork, lab sample management, and establishing work management systems for receiving and shipping. However, the SOP does not address the “middle” activities such as tank inventory tracking, truck loading and unloading, treatment and processing procedures, in-plant operations, discharge procedures, tank storage tracking mechanisms, inventory management, etc.

Shipping and Receiving Loads involves many steps that include many departments within CES. The Shipping and Receiving Loads SOP is divided into five separate SOPs, completed in order of their sequence of action. Therefore, this standard operating procedure must be followed in the steps listed below:

- 1.) **Essential Operating Paperwork**
- 2.) **Receiving Loads**
- 3.) **Shipping Loads**
- 4.) **Sample Management**

This SOP covers the Sample Management portion of the procedure.

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INBOUND LOAD SAMPLES:

When a load arrives at CES, the **Driver** will present the Manifest or BOL to the **Main Processing Facility Lab Personnel**. The **Main Processing Facility Lab Personnel** will check the profile number and fill out a sample label that will be given to the **Main Processing Facility Personnel** who will be pulling the sample.

Once the sample is pulled, it will be tested immediately according to the process facility information.

After the sample has been tested, it will be moved to the shelf labeled “Incoming Samples – QC Completed” located inside the **Main Processing Facility Lab**. Every afternoon before 4:00 pm the **Processing Facility Personnel** will move these samples to the closets just outside the lab. (See Inbound Sample Storage below).

Note: For shipments where the inbound product and the outbound product are exactly the same (no processing), we will still pull two separate samples and complete separate inbound and outbound load reports since the customer and description will be different.

The **Main Processing Facility Lab Personnel** will record the results of all testing in the appropriate notebook:

- Caustic notebook for caustic loads
- Oil Material Testing notebook for oil facility loads (in and outbound)
- Incoming Tank Trucks Water notebook for incoming wastewater loads
- Special Products notebook for other products

For all bulk product and/or material loads (including caustic loads), a CES Inbound Load Report must be completed in **Job Write Up Screen** in the **CES Access Database**. **Laboratory Technicians** shall use the information contained in the **Process Facility Information** of the CES Material Profile (in the **CES Access Database**) to determine the appropriate tests and analysis to perform and report. After the CES Inbound Load Report is completed, the **Laboratory Technician** must enter “see Inbound Report” in the **Billing Comments** of the job write-up for that specific CES Job Number in the **CES Access Database**.

INBOUND SAMPLE STORAGE:

There are four closets outside the lab to be used for inbound sample storage and they are labeled “Inbound Sample Retains Week One” all the way through “Week Four”. Samples pulled from loads arriving in the same week will be stored in the same closet on shelves labeled “Week ____ Inbound Samples”. Inbound samples are retained for four weeks and therefore will remain in that closet for four weeks. Every Monday begins a new week and samples from new inbound loads will be stored together in the next closet in line. Caustic samples will be stored on the very bottom shelves.

Every Saturday, the **Main Processing Facility Lab Personnel** will empty and discard samples that are held in the closet that will be used the following week. The samples will be dumped into the appropriately labeled sample discard drums located just outside the MPF lab. ***Note that there are several drums and care should be taken to discard material into the correct drum.*** When a drum gets full it will be disposed of correctly by MPF personnel.

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INBOUND LOADS THAT REQUIRE MORE ANALYSIS OR PROCESSING:

For any inbound loads that require more analysis or processing, the sample will be placed on the shelf labeled “Products on the Yard - More Analysis or Processing Required”. The sample will remain here until the analysis has been completed or the load has processed. After the required event has occurred, the sample will be placed on the appropriate shelf (see Inbound Sample Storage above).

OUTSIDE TESTING OF INBOUND LOADS:

When outside testing is required for inbound loads, the sample must be logged and SOP #33 for Sample Receipt, Evaluation and Shipping should be followed.

OUTBOUND LOAD SAMPLES:

Anytime a trailer is loaded with product or waste to ship from CES, an outbound sample will be pulled. It is the responsibility of the **Main Processing Facility Personnel** who completes the loading of the trailer to be sure the sample is pulled. The **Main Processing Facility Personnel** will take the sample to the Main Processing Facility Lab, label the sample, and give it to the **Main Processing Facility Lab Technician** for testing.

Note: If an inbound product trailer does not need any processing and the same trailer will ship the exact same product outbound, the inbound sample and outbound sample may be pulled at the same time but the procedures for both must be followed.

The **Main Processing Facility Lab Technicians** will use process facility information by product/profile number to perform tests on outbound samples. **Main Processing Facility Lab Technicians** will record the results of all testing in the appropriate notebook:

- Caustic notebook for caustic loads
- Oil Material Testing notebook for oil facility loads (in and outbound)
- Special Products notebook for other products

For profiles that have “refer to shared drive” for specific customer information, **Main Processing Facility Lab Technicians** should go to the folder “Analytical Testing and Special Handling (by Profile Number)” on the shared drive in the Main Processing Facility and Lab folder. Under each profile number, the specific requirements for each customer should be listed.

All outbound samples will be placed on the shelf labeled “Products on the Line” until the load has shipped. Once the loads ships, the samples will be moved to the storage closet labeled “Outbound Samples” where the sample will be retained for 90 days.

No product should ship from CES without an Outbound Load Report. Once a trailer is loaded and the sample is pulled, the **Main Processing Facility Lab Technicians** will create a new Outbound Load Report in the **CES Access Program**.

When the load is scheduled to go out and a BOL is created, the **Main Processing Facility Lab Technicians** will enter the BOL number on the Outbound Load Report in the CES Access Program. The **Main Processing Facility Lab Technicians** will also enter the correct Outbound Load Report number in the Job Write Up Screen in the CES Access Program for the correct BOL.

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The **Main Processing Facility Lab Technicians** will print a copy of the Outbound Load report and place it in the tray labeled “Completed Outbound Load Reports”.

The **Main Processing Facility Lab Technicians** will check the **Driver’s Packets** brought down by the **Logistics Supervisors** each evening to determine which loads will be shipped the following day. Thus, any additional testing required for specific customers may be performed in a timely manner. It is important to avoid situations where drivers are waiting for sample evaluation.


The outbound sample will be stored the closet labeled “Outbound Samples” and will be retained for a period of 90 days. Once a month the Outbound Samples closet will be inspected and all samples over 90 days will be discarded.

Samples to be discarded will be dumped into the appropriately labeled discard drum located just outside the MPF lab.

OPERATIONAL TREATABILITY SAMPLES from CES PLANT TANKS or TRAILERS:

Samples that are pulled from a CES plant tank or trailer for treatability purposes (not to be sent to a customer or for a sample retain) will be placed on the shelf labeled “Plant Tank & Trailer Treatability or Analysis Samples”. Once treatability has been determined, the sample will be discarded in the appropriately labeled discard drum located just outside the MPF lab.

Standard Operating Procedure

<u>THINK...</u> <u>USE GOOD</u> <u>JUDGMENT</u>	 CES Environmental Services, Inc.	<u>YOUR</u> <u>ATTITUDE</u> <u>COUNTS</u>
Date Issued: <u>11/26/2007</u>	DEPARTMENT(S): - <u>Operations</u> - <u>Processing</u> - <u>Maintenance and Field Services</u> - <u>Sales, Finance, and Administration</u>	Revised Date: <u>11/25/2008</u>
SOP Number: <u>07-021</u>	SOP Title: <u>Sample Receipt, Evaluation, and Shipping</u> (<u>Research and Development Laboratory</u>)	SOP Description: This SOP explains the proper procedure for receiving Samples from Customers, having those Samples Evaluated, and Shipping Samples to Customers.

This SOP covers the procedure for receiving sales evaluation samples from customers, having samples evaluated, and having samples shipped. It does not cover actual testing procedures. It also does not include testing of inbound or outbound loads which are performed by the Main Processing Facility Lab for operational purposes.

Sample Log-in Procedures:

All sales evaluation samples or samples to be tested by outside laboratories will be logged in on the CES Sample Log Sheet located on the shared drive in the **Sample Evaluation and Management** folder. The first four digits of the sample ID number indicate month and year. Use the following information to help fill out the CES Sample Log Sheet:

Sample ID number – take the next sequential number (after dash)

Date – date you log sample in

Job Number – “NA” should be entered if CES will be paying for the analysis **or** if no outside analysis is required. Otherwise, Customer Service/Inside Sales will put the job number for outside analysis once the Chain of Custody is turned into Customer Service.

Folder ID – This helps billing and customer service. Please put the folder ID of the folder in which a copy of the lab results and/or a copy of the Chain of Custody (if applicable) should be filed. If this is an internal cost such that there is no folder, put “CES Internal”.

Generator/Process/Notes – Please put as much detail as possible. This field wraps.

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- Analysis Requested – Put analysis requested by an **outside lab**. If CES will be performing analysis, put NA. If no analysis is required at all, put “none.”
- Lab – Put the lab performing the analysis (if internal, put CES). Leave blank if no analysis is required.
- Sales Rep – Choose correct contact person from the drop down list.
- Discard Date – This is important as this will determine the sample storage location. Put the month after which the sample may be discarded. Samples are stored in cabinets based on discard month.

Once the sample has been logged on the CES Sample Log Sheet, the sample will be taken to the **Research and Development Lab** (upstairs in the **Main Processing Facility**). A **CES Sample ID Sticker** will be completed and placed on sample (stickers are located on rolls next to sample shelves in **Research and Development Lab**). The information required for the sticker includes the sample ID number, the date of sample disposal, and the name of the **Sales Representative** logging in the sample.

Samples that have been logged and require evaluation will be placed on the shelf labeled “**Sales Samples for Evaluation**” located inside the **Research and Development Lab** (upstairs in the **Main Processing Facility**). Any samples that do not need any analysis initially will be placed on the second shelf labeled “**Sales Samples for Storage**” in the **Research and Development Lab**.

This process will be followed for samples brought into CES and for samples shipped to CES. For samples shipped to CES, the **Research and Development Laboratory Personnel** should contact the appropriate **Sales Representative** or **Customer service/Inside Sales Representative** who will log the sample into the CES Sample Log Sheet. **Absolutely no samples will be left in the sales office.**

Sample Evaluation Procedures:

After the sample has been logged into the CES Sample Log Sheet (see above), a Sample Evaluation Form will be completed if any evaluation needs to be done by the **CES Research and Development Lab**. There are two methods for getting the completed Sample Evaluation Form to the **Research and Development Lab**.

1. Electronically:
Blank Sample Evaluation Forms are located on the shared drive in the **CES Forms and Logos folder**. The file with data fields is called **CES Sample Evaluation Form with Data Fields**. Once this form is completed, it must be saved locally (not on the shared drive) and emailed to the **Research and Development Lab Manager**.
2. Manually:
Blank copies of the CES Sample Log Sheet are located in a tray in the **CES Research and Development Lab** above the sample shelf just inside the door. Once the form is filled out it should be placed in the tray labeled **Sample**

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Evaluation Forms (in Progress) also located above the sample shelf just inside the door of the **Research and Development Lab**.

Note: The R&D Lab can provide better technical support to the Sales Representatives when the “**Ultimate Objective for Performing Analysis**” and “**Detailed Description of the Process Generating the Waste, Material, or Product**” areas of the Sample Evaluation Form are filled out in detail.

When a correctly labeled sample has been placed on the “**Sales Samples for Evaluation**” shelf in the **Research and Development Laboratory**, the **Research and Development Lab Personnel** will look for the Sample Evaluation Form in the **Sample Evaluation Forms (in Progress)** tray or via email.

The **Research and Development Laboratory Personnel** will then complete the evaluation and write a report to be sent to the requesting party via email. The report will also be posted to the shared drive in the folder “**Sample Evaluations YYYY**” located in “**Sample Evaluation and Management**” folder. The original hard copy of the Sample Evaluation Form will be destroyed.

Once the sample evaluation has been completed, the sample will be placed on the shelf labeled “**Sales Samples for Storage**” in the **Research and Development Lab** until the end of the day.

Sample Storage Procedure:

At the end of each day, the **Research and Development Lab Personnel** will take the samples on the “**Sales Samples for Storage**” shelf located in the **Research and Development Lab** downstairs to be stored in the closets outside the **Main Processing Facility Lab**. The closets are labeled “**Customer Samples to be Discarded (3 Month Range)**”. Samples will be put into the appropriate closet based on the month they are to be discarded.

The samples will be kept on the top three shelves of the appropriate storage closet. The shelves should be labeled “**Customer Samples to be discarded (3 Month Range)**” to match the door label. After the disposal date has passed, the samples will be properly discarded by the **Main Processing Facility Lab Personnel**.

Evaluation by Outside (non-CES) Laboratories:

For any testing to be done by outside laboratories, the FIRST STEP is to log the sample on the CES Sample Log Sheet (see Sample Log In Procedures above). The sample ID number will then be used by many different departments at CES to track the sample/paperwork. The sample ID number must be placed on the Chain of Custody (of the outside laboratory) and will be used by **Customer Service/Inside Sales** and **Billing** to track paperwork associated with sample analysis.

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When filling out the Chain of Custody, put the **CES Sample ID Number** (see above) in the PO field and put the Customer or Folder ID in the Generator Field.

After the sample is turned in to the outside lab, the customer copy of the Chain of Custody must be turned in to **Customer Service/Inside Sales** so a job may be created. Once the job has been created, it will be marked “complete” and the Chain of Custody will be filed in the correct job folder (according to the CES Sample Log Sheet). When the job is entered, the job number field should also be filled in on the CES Sample Log Sheet.

NOTE: A job does not need to be created if the customer will not be charged (i.e. any CES Internal jobs). However, the paperwork should still be filed in the correct job folder.

If the sample is received by the **Research and Development Lab** and it is determined that the sample requires additional testing from an outside laboratory, the appropriate **Sales Representative** will be contacted. The **Laboratory Research and Development Specialist** will arrange for the sample to get to the outside lab and follow the procedures listed above. The sample sent for outside testing will be logged onto the CES Sample Log Sheet with a separate Sample ID Number than the original.

Samples to be pulled outside of CES:

For any samples to be pulled outside of CES (usually by the Sales Assistant) the appropriate **Sales Representative** or **Customer Service/Inside Sales Representative** will first log the sample in on the CES Sample Log Sheet located on the shared drive. After obtaining the sample ID number, the **Sales Representative or Customer Service/Inside Sales Representative** will give this information to the **Sales Assistant** according to SOP #35 Scheduling of Sales Assistant.

Note: It is NOT the responsibility of the **Sales Assistant** to obtain the sample ID number and log the sample on the CES Sample Log Sheet. **It is the responsibility of the Sales Representative or Customer Service/Inside Sales Representatives to fill out the Sample Evaluation Form and let the R&D lab know the sample will be coming in.**

The **Sales Assistant** is responsible for putting a CES Sample ID Sticker on the sample after it has been obtained. If the sample will be brought back to CES, the **Sales Assistant** will place the sample on the shelf labeled “**Samples to be Evaluated**” in the **Research and Development Lab** located upstairs in the **Main Processing Facility**.

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Note: The Sales Representative is still responsible for filling out the CES Sample Evaluation Form (with the help of **Customer Service/Inside Sales** if necessary).

If the sample is to be taken directly to an outside lab, the **Sales Assistant** is responsible for following the procedures listed under **Evaluation by Outside (non-CES) Laboratories** (see above).

Sample Shipping Procedures:

Product Sales Samples to be shipped or delivered outside CES must have a CES Sales Label attached and must be logged into the OUTGOING PRODUCT SALES Sample Log spreadsheet located in the “**Sample Evaluation and Management**” folder on the shared drive. The “Lot Number” is usually the date. If this is a sample that has had analysis run on it, the CES Sample ID Number should be referenced.

The Sales Sample Labels are located on rolls in the office of **The Director of Sales and Marketing** and on the desk of the **Customer Service/Inside Sales Rep** who handles product sales. The label template is also located on the shared drive in the Forms and Logos folder under the filename “CES Sales Labels for Avery 8253”.

The **Sales Representative** is responsible for looking at the samples prior to shipment/delivery to verify that the sample should indeed be sent to a customer.

Sales Samples are typically mailed via FedEx or UPS, delivered via the **CES Sales Assistant**, or picked up by customers. For Sales Samples delivered via the **Sales Assistant**, the SOP on Scheduling Sales Assistant should be followed. Sales Samples to be picked up by customers should be left with the **Administrative Assistant – General** working in the reception area.

Obtaining Product Samples from containers on the CES Yard.

To obtain a sales sample from a trailer, ISO container, or plant tank located at CES, an email should be sent to the **Processing Manager** requesting the sample. The email should include the product, tank number or location, and date sample is needed. If sample is needed immediately, the **Processing Manager** should be called.

After the **Main Processing Facility Personnel** obtains the sample, it will be taken to the Main Processing Facility Lab and placed on the “Products on the Yard” shelf. The **Main Processing Facility Personnel** will attach a completed Sample ID Sicker on the sample (stickers located on rolls next to sample shelves).

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If the sample requires testing, follow “Sample Evaluation Procedures” above. If the sample will be shipped from CES, follow “Sample Shipping Procedures” above.

Sample Cost Management:

It is the responsibility of the **Director of Sales and Marketing** to monitor the costs associated with sample evaluation, especially when the analysis is performed by an outside laboratory and the charges are not passed along to the customer. These samples can be identified on the CES Sample Log Sheet by “CES Internal” entered into the Folder ID Field.

For frequent CES Internal analysis of a stream such that the analysis would usually cover several loads, the customer should be charged a per load analysis fee (the analysis cost spread over several loads) to help recover these costs.

Billing:

The **Billing Department** will use the CES Sample Log Sheet to determine if the cost of outside analysis will be charged to a customer and where to file the backup paperwork. **Billing** will make a copy of the Invoice from the outside lab and place it in the folder(s) entered in the “Folder ID” Field(s) of the CES Sample Log Sheet.

Note: If the customer is to be billed for a particular analysis, a job should have been entered into Access (see Evaluation by Outside Laboratories above) and billing information should be entered on the P&L sheet in the Job Folder.

Mailed/Shipped Samples: (STILL UNDER CONSTRUCTION)

The **Customer Service/Inside Sales Representative** in charge of Product Sales is responsible for mailing Sales Samples via FedEx or UPS. (Backup positions are the **Director of Sales and Marketing** and the **CES Sales Assistant**). **Sales Representatives** must give the **Customer Service/Inside Sales Representative** in charge of Product Sales the sample along with the following information or the Sample cannot be shipped:

1. Who will pay for shipment (if receiver will pay, the FedEx or UPS account number must be included).
2. SHIP TO: Name, Address, Contact Name, Telephone Number
3. Correct DOT Shipping Name (or EXACTLY what the material is)
4. Priority of Shipment (All dangerous goods must be shipped “Overnight” for next day delivery)

Note: No Sample will be shipped without a **CES Sales Sample Label** attached to the sample.

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The **Customer Service/Inside Sales Representative** in charge of Product Sales will properly package the sample for shipping as per Dangerous Goods requirements (when necessary). A copy of all Airbills and Dangerous goods declarations will be kept...

Bruce Howard

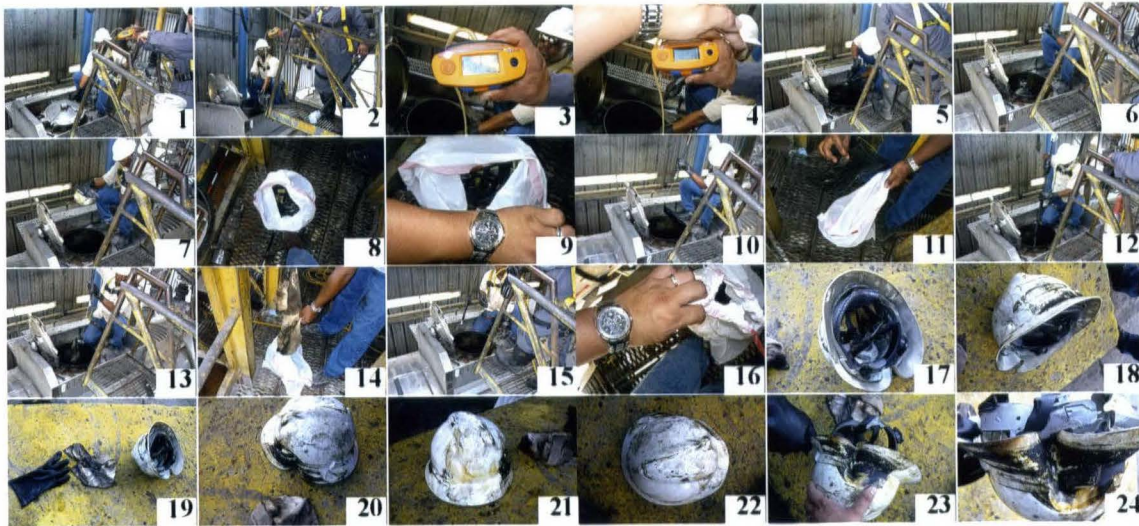
PPE Removal Pictures 7-17-09
9:00am.

Kodak Picture CD

Lasts for Generations
Fait pour durer plusieurs
générations



Jul 17, 2009



Anthony Suray

was he working on

12-18-08 (check pay stubs?)

when did he start contract
labor?

what was he hired for?

1-800-859-5995 Ext. 7291

CONFIDENTIAL EMPLOYEE HISTORY

Employee Name		Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Employer	
Social Security No.			
Address			
Change Date	Address Change	City	State Zip Telephone
Change Date	Address Change	City	State Zip Telephone
Change Date	Address Change	City	State Zip Telephone
Years of Service	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37		

IN CASE OF EMERGENCY — CONTACT:

Name	
Name	
Doctor	
Emergency Medical	

TAX INFORMATION

OTHER DEDUCTIONS

Federal (W-4) Exemptions				State/City Exemptions				Type	Credit Union	Christmas Club	Additional Ins.	Other Medical	Employee Fund
No.								Amt.					
Date								Date					

HOURS WORKED PER PAY PERIOD

Daily:	
--------	--

BENEFITS INFORMATION

Insurance	Premium	Employee Contribution	Employer Contribution	Date Eligible	Date Enrolled	Date Withdrawn	Retirement	Employee Contribution	Employer Contribution	Date Eligible	Date Enrolled	Date Withdrawn
Medical - self							Co. Pension					
Medical - family							Union Pension					
Dental							401(k)					
Eye care							Other					
Disability							Options	Employee Contribution	Employer Contribution	Date Eligible	Date Enrolled	Date Withdrawn
Life							Profit Sharing					
							Stock Plan					
							Union					
							Credit Union					
							Other					

HMO INFORMATION

Plan Name	
-----------	--

PRIOR HEALTH INSURANCE COVERAGE

<input type="checkbox"/> Certificate Requested	Comments:
<input type="checkbox"/> Certificate Presented	
Such Certificates Should Be Kept in this File.	

This file should be used in conjunction with the Medical Information File to maintain such information separately as required by the FMLA and ADA.

Employee Name

SANDY, ANTHONY

EPAHO043001268



Date: May 13, 2009

Attn: Anthony Savoy

(b) (6)

Re: Retrieval of Company Property

Dear Mr. Savoy,

This letter is to inform you that several attempts have been made to contact you in order to retrieve the Company issued Equipment and/or Uniforms you still possess. These items include the following:

<input checked="" type="checkbox"/>	Cell Phone (and charger)	
<input type="checkbox"/>	Gate Opener	
<input checked="" type="checkbox"/>	Uniform	19 shirts and 13 pairs of pants
<input type="checkbox"/>	Other	Item _____ Number _____

Please be advised that this communication will serve as our final attempt to collect these items without Legal Enforcement. Should we not recover these items within the next Five Business Days (or make other arrangements to do so), they will be reported as Stolen and Law Enforcement will be engaged.


If you have any questions or concerns regarding this information, please do not hesitate to give me a call at 713-676-1460.

Thank you,

Anissa Wright
Human Resources and Support Services Supervisor
CES Environmental Services, Inc.

Anthony Saway

CES Company Policy

<u>THINK...</u> <u>USE GOOD</u> <u>JUDGMENT</u>	 CES Environmental Services, Inc.	<u>YOUR</u> <u>ATTITUDE</u> <u>COUNTS</u>
Date Issued: <u>12/09/2008</u>	DEPARTMENT(S): - <u>Operations</u> - <u>Processing</u> - <u>Tank Wash</u> - <u>Maintenance and Field Services</u> - <u>Sales, Finance, and Administration</u>	Revised Date: <u>00/00/0000</u>
Policy Number: <u>08-019</u>	Policy Title: <u>Company Cell Phones</u>	Policy Description: This Policy explains the usage of the CES Environmental Services, Inc. Company Cell Phones.

1. The Company Cell Phone you have been issued is for Company Business only and is property of **CES Environmental Services, Inc.** However, within reason, **Employees** can use the Company Cell Phone to make and receive personal calls. Any additional costs associated with personal use are the responsibility of the **Employee**.
 - Downloading Music, Pictures, and Video Games are not permitted. Any costs associated with unauthorized Downloads will be deducted from your pay check.
 - Unless expressly approved by **Upper or Mid Level Management**, Text Messaging will not be allowed. Any costs associated with unauthorized Text Messaging will be deducted from your pay check.
 - Unless expressly approved or amended by **Upper or Mid Level Management**, 500 Peak Minutes are allotted for General **Employees**, 1500 Minutes for **Mid Level Managers**, and unlimited for **Sales Representatives, Customer Service and Inside Sales Representatives, Customer Service and Inside Sales-Product Sales, and Upper Level Managers**. \$0.20 per Minute will be charged for Minutes over allotted amount. There are no unlimited Nights and Weekends only Mobile to Mobile.
2. The Company Cell Phone issued is your responsibility. If the Company Cell Phone is lost or stolen, **CES Environmental Services, Inc.** will charge back to you the Insurance Deductible associated with the replacement of your lost or stolen phone.

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Property of CES Environmental Services, Inc.

3. If your Company Cell Phone/Equipment is lost, damaged or stolen due to work related activities, **CES Environmental Services, Inc.** will review each occurrence and determine if the cost to replace or repair the Company Cell Phone/Equipment will be charged back to the **Employee** responsible for the Company Cell Phone/Equipment or if **CES Environmental Services, Inc.** will absorb the cost of repair or replacement.
4. **CES Environmental Services, Inc.** will deduct any costs associated with the Company Cell Phones from the **Employee's** next pay check following **CES Environmental Services, Inc.** receiving and analyzing the Company Cell Phone Bill. No exceptions!
5. If you have any issues with your Company Cell Phone, please bring them to the **Human Resources and Support Services Supervisor's** attention.

Failure to adhere to the instructions outlined in this Policy may result in Disciplinary Actions (reference the Policy on Disciplinary Policy) up to and including Termination.

Employee Signature: Anthony S. Savino Date: 2-13-09

Employee Printed Name: Anthony S. Savino

Advanced Toxicology Network
4900 Outland Center Drive Ste 103
MEMPHIS, TN 38118
(888) 290-1150

RECEIVED

BY: _____

UDS Result Form

Result Information

Center : CMC - Houston I-10 East
Address : 10909 East Frwy
City : Houston, TX 77029
Attn : CMC/TX-HOUSTON I-10 EAST

Specimen ID : 316812938
Result : **NEGATIVE**
Status : Reported
Sub Acct : NDOT

Patient Name : (b) (6)
Patient SSN : (b) (6)
Profile : DRUG SCREEN: 10 PANEL
Reason : Pre-Employment
Rejection :

Contact Name : Prabhakar Thangudu
Location : CES Environmental
Mail Address : 4904 Griggs Rd
HOUSTON, TX 77021

Date Collected : 11/19/2008 Time : 4:25 PM
Date Received : 11/19/2008 Time : 11:05 PM
Date Reported : 11/20/2008 Time : 2:40 AM

Creatinine :
Ph :
Specific Grav :

Screened Summary

<u>Drug</u>	<u>Cutoff/GCMS</u>	<u>Cutoff/Screen</u>
Amphetamine	500	1000
Barbiturates	200	300
Benzodiazepines	200	300
Benzoylgonine	150	300
Carboxy-THC	15	50
Methadone	200	300
Methaqualone	200	300
Opiates	2000	2000
Propoxyphene	200	300
Phencyclidine	25	25

Comment Summary

Comment

Result Summary

Janet Putnam,
Lab Director

Concentra Medical Centers

10909 East Frwy Houston, TX 77029
Phone: (713) 973-7943 Fax: (713) 973-7947

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 11/19/2008

Employee Name: Savoy, Anthony

Employee SSN: (b) (6)

Address:

(b) (6)

(b) (6)

Employer: CES Environmental

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check ☒ one that applies)

- ☐ There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- ☐ The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ☒ ALL that apply)

- ☒ ARE qualified to wear a respirator.
- ☐ Have the following restrictions concerning respirator usage: _____
- ☐ ARE NOT qualified to wear a respirator.
- ☐ Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers so that a final decision on your ability to wear a respirator can be made.
- ☐ Must wear Special prescription eye-wear needed to accommodate respirator.
- ☐ Must use an Eye glass conversion kit.
- ☐ May need to shave Facial hair to assure tight seal on certain face masks.
- ☐ Need to stop smoking.

(Check ☒ ALL that apply)

- ☒ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☒ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

PLHCP Signature

PLHCP Name (printed)

John M. Sanchez, M.D.
H0784 TX

Employee's Signature

Expiration Date

11/19/09

¹Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

Concentra Medical Centers10909 East Fwy Houston, TX 77029
Phone: (713) 973-7943 Fax: (713) 973-7947**EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION****EMPLOYER TO COMPLETE THE FOLLOWING :**Employee Name: Savoy, AnthonyEmployer: CES Environmental**Check Type of Respirator(s) To Be Used (Check ✓ ALL that apply)**

- ☐ Air-purifying (non-powered) ☐ Air-purifying (powered)
☐ Atmosphere supplying Respirator
☐ Combination air-line and SCBA
☐ Continuous-Flow Respirator
☐ Supplied-Air Respirator
☐ Open Circuit SCBA ☐ Closed Circuit SCBA
☐ Dust Mask ☐ 1/2 Face with Canisters ☐ Full Face with Canisters

Make: _____ Model: _____ Cartridge: _____

Special Work Conditions (Check ✓ ALL That Apply When Wearing Respirator)

- ☐ High Places ☐ Enclosed Places ☐ Protective Clothing
☐ Temperature Extremes ☐ Mostly Cold ☐ Mostly Hot
☐ Other: _____

Questionnaire will be: ☐ HAND CARRIED ☐ MAILED ☐ OTHER

Address:

(b) (6)

BEAUMONT TX 77705

Employee SSN: (b) (6)

Extent of Usage (Check ✓ ALL that apply)

- ☐ On a daily basis _____ Total Hours
☐ Occasionally - but not more than twice a week _____ Total Hours
☐ Rarely - or for Emergency situations only _____ Total Hours

Expected Physical Effort Required (Check ✓ ALL that apply)

- ☐ Light ☐ Moderate ☐ Heavy

Exposure to Hazardous Materials (Check ✓ ALL that apply)

- | | |
|---|---|
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Benzene |
| <input type="checkbox"/> Coke Oven | <input type="checkbox"/> Cotton Seed / Dust |
| <input type="checkbox"/> Cadmium | <input type="checkbox"/> Formaldehyde |
| <input type="checkbox"/> Methylene Chloride | <input type="checkbox"/> Lead |
| <input type="checkbox"/> Textiles | <input type="checkbox"/> Chromium |

Other(s): _____

EVALUATION AUTHORIZATION BY: _____

Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)**PHYSICIAN WILL COMPLETE THE FOLLOWING**

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check ✓ ALL that apply)

- ☐ Employee must schedule a medical examination with Concentra Medical Centers prior to respirator approval and usage.
- ☒ Class I - No Restrictions on Respirator Use
- ☐ Class II - Some Specific Use Restrictions ☐ To be used for Emergency Response or Escape Only ☐ Other: _____
- ☐ Class III - Respirator Use is NOT PERMITTED
- ☐ Further Testing / Evaluation is Required. ²
- ☐ Fit Test Required ☐ Fit Test Performed Satisfactorily
- ☐ Fit Test Performed Unsatisfactorily ☐ Fit Test NOT Performed at: Concentra Medical Centers
- ☐ Special prescription eyewear needed to accommodate respirator ☐ Special prescription eyewear needed to accommodate respirator
- ☐ Facial hair needs to be shaved to assure tight seal on certain face masks.

¹ Physician or other Licensed Healthcare Professional² Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers of his/her findings to**(Check ✓ ALL that apply)**

- ☒ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☒ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature

John M. Sanchez, MD

Physician's Name (Printed)

Physician's License Number (Optional in Most States)

H0784 TX

Date of Exam

Expires On

11/19/9

Concentra Medical Centers10909 East Frwy Houston, TX 77029
Phone: (713) 973-7943 Fax: (713) 973-7947**RESPIRATORY FIT TEST ASSESSMENT RECORD**

Service Date: 11/19/2008
Employee Name: Savoy, Anthony
Employee SSN: (b) (6)
Employer: CES Environmental
Department:

Respirator Type: _____
Respirator Model: _____
Cartridge Type: _____
Anticipated Usage: _____ Minutes/day
_____ Hours/day
_____ Days/week

Qualitative Fit Test (QLFT) Protocol used:

- ☐ Isoamyl Acetate (Respirator must be equipped with an organic vapor filter)
☐ Saccharin Solution (Must use DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent)
☐ Bitrex (Denatonium Benzoate) Aerosol

Quantitative Fit Test (QNFT) Protocol used:

- ☐ _____ Test Chamber: Circle one of the following:

Corn Oil
Polyethylene glycol 400 (PEG 400)
di-2-ethyl hexyl sebacate (DEHS)
Sodium Chloride
Condensation Nuclei Counter: ambient aerosol

- Yes No Subject donned respirator at least 5 minutes prior to assessment
Yes No Subject conducted user seal check
Yes No Apparel interfering with a satisfactory fit must be removed or altered.
Yes No Subject given a description of the fit test and his/her responsibilities prior to assessment.
Yes No Subject wore applicable safety equipment during fit test

Assessment of Comfort (C: Comfortable, NC: Not Comfortable)

- C NC Position of the mask on the nose
C NC Room for eye protection
C NC Room to talk
C NC Position of mask on face and cheeks

Adequacy of the fit (A: Adequate, NA: Not Adequate)

- A NA Chin properly placed
A NA Adequate strap tension, not overly tight
A NA Fit across nose bridge
A NA Proper size to span length from nose to chin
A NA Tendency of respirator to slip
A NA Subject observed self in mirror to evaluate fit and position.

Physician's Comments

- ☒ Class I FVC - 75% or more; FEV1/FVC Ratio 70 % or more (Refer to Guideline Chart)
☐ No Restrictions on Respirator Use
☐ Class II FVC 60%-70%; FEV1/FVC Ratio 60%-70% of Predicted (Refer to Guideline Chart)
☐ Some specific restrictions on respirator use: _____
☐ Class III FVC 50%-60%; FEV1/FVC Ratio 50%-60% of Predicted (Refer to Guideline Chart)
☐ Respirator use not permitted
☐ Further testing required: _____
☐ Subject to return after facial hair is removed for completion of Assessment by _____
☐ Subject is to be given the opportunity to select another type of respirator and return for assessment by _____

Physician's Signature

John M. Sanchez, M.D.

Physician's Name (Print)

This record is to be maintained by the employer in accordance with 29 CFR 1910.134 Paragraph (m) (2)(I)(A) - (E).
Re-testing must occur ANNUALLY as long as the employee is required to wear a respirator.

11/19/2008

LAST NAME SAVOY
FIRST NAME ANTHONY

FIT TEST REPORT

ID NUMBER (b) (6)
LAST NAME SAVOY
FIRST NAME ANTHONY
COMPANY CES ENVIRONMENTAL
LOCATION HOUSTON
NOTE
CUSTOM1
CUSTOM2
CUSTOM3
CUSTOM4

TEST DATE 11/19/2008
TEST TIME 16:59
DUE DATE 11/19/2009

PORTACOUNT S/N 17358
N95-COMPANION N

RESPIRATOR 3M 7800 FULL FACE [500]
MANUFACTURER 3M
MODEL 7800
MASK STYLE FULL FACE
MASK SIZE MEDIUM

PROTOCOL OSHA 29CFR1910.134
PASS LEVEL 500

APPROVAL
EFFICIENCY <99% N

<u>EXERCISE</u>	<u>DURATION (sec)</u>	<u>FIT FACTOR</u>	<u>PASS</u>
NORMAL BREATHING	60	4870	Y
DEEP BREATHING	60	2930	Y
HEAD SIDE TO SIDE	60	4940	Y
HEAD UP AND DOWN	60	5260	Y
TALKING	60	3360	Y
GRIMACE	15	Excl.	
BENDING OVER	60	5020	Y
NORMAL BREATHING	60	6420	Y

OVERALL FIT FACTOR 4390 Y

FITTEST OPERATOR

NAME

F. ALBA

ANTHONY SAVOY

DATE 11/19/08

DATE 11/19/08

Spirometry Report
Puritan-Bennett Renaissance II
S/N: G050700538

Version: 1.1.11

BEST 3 FVC/FVL REPORT

Session Date: 19NOV2008
Session Time: 04:32PM
Last Cal Check: 19NOV2008

ID: (b) (6)
Name: SAVOY A
Gender: MALE
Medication:
Dosage:

Height: 68" Physician:
Age: 37YRS Technician:
Weight: 167LBS
Smoker: 10YRS, 10 Pack Yrs
Ethnicity/Correction: AFRICAN AMERICAN 88.0%

Sensor Code: 246278
Temperature: 72F
Barometric Press: 759mmHg
BTPS Correction: 1.104
Normals: KNUDSON 83

Clinical Format: PREMED - 04:32PM
Best Criteria:

* Indicates Best Value
VAL

< Indicates Below LLN

MEASUREMENT	Trial 3	%Pred	Trial 5	Trial 1	Pred	LLN
FVC (L)	4.04*	97	3.95	3.87	4.15	3.37
FEV1 (L)	3.16*	91	3.06	3.06	3.44	2.72
FEV1%	78	93	77	79	84	73
FEF25-75 (L/S)	2.76*	75	2.63	2.80	3.66	
PEF (L/S)	7.62*	96	6.83	6.60	7.90	
FET (S)	6.04*		6.78	5.89		

BEST FEV1% 78*

Report Summary:

Pre Med: Tests 5 Acceptable 2 Reproducible 2 FVC VAR: 88ML FEV1 VAR: 101ML PEF VAR: 797ML/S

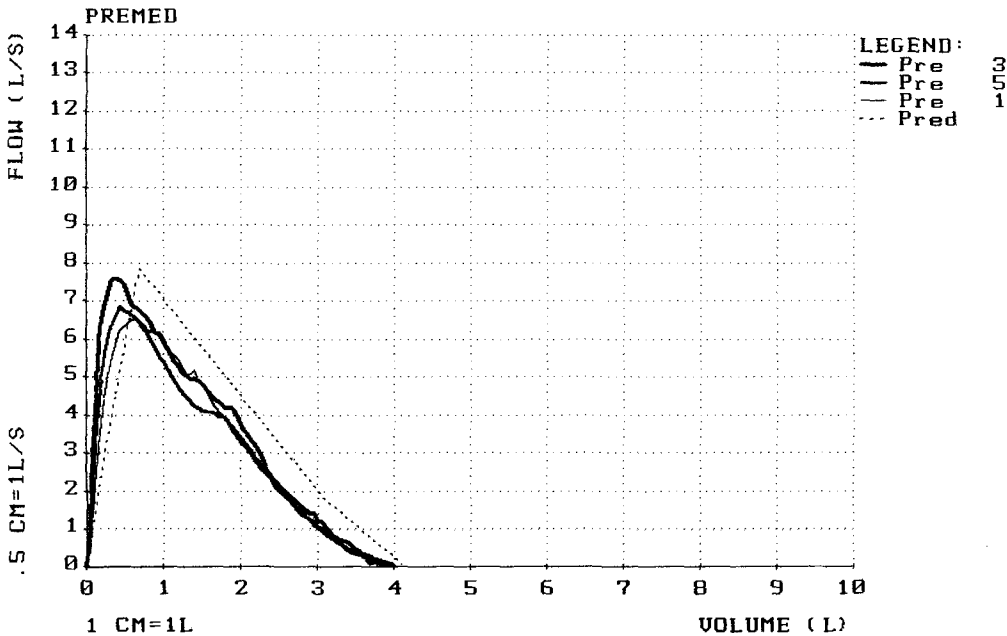
ATS Interpretation:

Lung Age: 57 YRS

PREMED - Normal Spirometry

COPD Risk 2% If stop smoking: 1%

Comment:

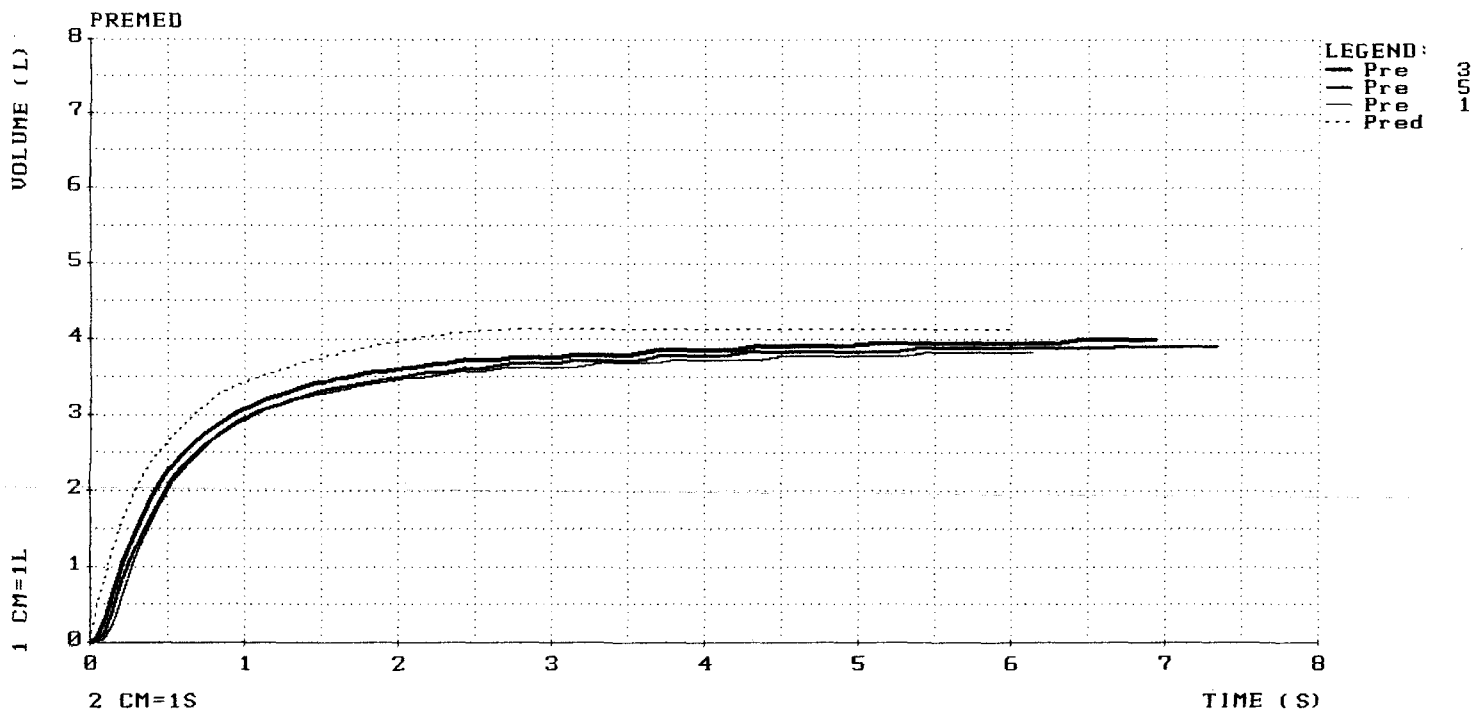


[Signature]

[Signature]

Spirometry Report
Puritan-Bennett Renaissance II
S/N: G050700538

Session Date: 19NOV2008
Session Time: 04:32PM
Last Cal Check: 19NOV2008



Concentra Medical Centers

10909 East Frwy Houston, TX 77029
Phone: (713) 973-7943 Fax: (713) 973-7947

Service Date: 11/19/2008

Physical Exam

Name: Savoy, Anthony

SSN: (b) (6)

Date: 11/19/2008

PHYSICAL EXAM

Height: 68" Weight: 167 Temperature: _____ Vision: Uncorrected _____ Corrected _____ Visual Fields
B/P Resting 138/86 Pulse 64 Repeat B/P _____, _____ Near Rt _____ Near Rt _____ Rt 85 o
(2 min of ex) _____ Pulse _____ Lt _____ Lt _____ Lt 85 o
Respirations/min 16 Distant Rt 20/20 Distant Rt _____ Color NL AB
Hearing to forced whisper @ 5 feet Rt NL Lt NL Lt 20/20 Lt _____ Depth Perception
NL AB

HEENT

Eyes

Globe NL AB
Pupils NL AB
EOM's NL AB
Funduscopy NL AB
Ocular Pressure:
Rt NL AB
Lt NL AB

Ears

Canal Clear Y N
TM Visualized Y N
Scarring of TM N Y
Drainage N Y

Nose

NL AB

Mouth

Teeth NL AB
Throat NL AB
Skin NL AB
Neck NL AB
Thyroid NL AB
Chest Wall NL AB
Lungs NL AB

Heart

Rhythm NL AB
Auscultation NL AB
Abdomen NL AB
Abd. surg. scar N Y

Hernia

Umbilical N Y
Inguinal N Y
Femoral N Y
Varicocele N Y
Upper Extremity NL AB
Hands/Fingers NL AB
Legs NL AB
Knees NL AB
Knee surg. scar N Y
Feet/ankles NL AB
Varicosities NL AB
Up. ext. strength NL AB
Up. ext. ROM NL AB
Low. ext. strength NL AB
Low. ext. ROM NL AB
Back/spine ROM NL AB
Back surg. scar N Y
Neurological Exam NL AB
Cran. nerves 2-12: NL AB

Reflexes

Babinski NL AB
Romberg NEG POS
Pupillary Rt NL AB
Lt NL AB
Accom. Rt NL AB
Lt NL AB
Biceps Rt NL AB
Lt NL AB
Knee Rt NL AB
Lt NL AB
Ankle Rt NL AB
Lt NL AB

Proprioception

Up. Ext. Rt NL AB
Lt NL AB
Low. Ext. Rt NL AB
Lt NL AB

Sensory Examination:

Up. Ext. Rt NL AB
Lt NL AB
Low. Ext. Rt NL AB
Lt NL AB

OPTIONAL:

Genitalia NL AB
Breast NL AB
Rectal NL AB

Comments:

ANCILLARY STUDIES

Urinalysis Spec. Gravity: 1.010 Albumin + Sugar neg Blood neg
EKG N/A NL AB See Results HPE NL AB

Comments:

Comments:

Lumbar X-Ray N/A NL AB See Results

Comments:

Pulmonary Function Test:

FEV1 _____ FVC _____ FEV1/FVC _____

Respirator Qualified? Y N

Comments:

Chest X-Ray N/A NL AB See Results

Comments:

Impairment Rating:

Comments:

Blood Analysis N/A NL AB See Results

Comments:

Audiogram N/A NL AB See Results

Comments:

Physical Exam

Name: Savoy, Anthony

SSN: (b) (6)

Date: 11/19/2008

Examination Results

☒ Able to perform essential functions as listed.

☐ Unable to perform all essential functions as listed. Please list failed essential function(s):

☒ No medical restrictions are indicated.

☐ The following medical restrictions are indicated:

☐ Recommend further evaluation.

Remarks:

Provider Print Name Here

Provider Signature

Anissa Wright

From: Jay Matlock
Sent: Friday, May 01, 2009 2:42 PM
To: Anissa Wright; Matt Bowman
Subject: RE: Anthony Savoy
Attachments: Anthony_Savoy[1].doc

Matt and Annisa, Upon further investigation into the matters with Tony, I found out that Tony indeed did have permission from Mike to attend to issues that he had with his vehicle. Although this does not excuse his other absences, I have modified the write up form that Annisa and I had previously agreed upon, and action will be taken.

Jay Matlock
Plant Manager
Port Arthur Chemical and Environmental Services
(832) 231-3035
jmatlock@cesenvironmental.com

From: Anissa Wright
Sent: Friday, May 01, 2009 1:57 PM
To: Jay Matlock
Subject: RE: Anthony Savoy



No problem, good job. Just a few changes.

Thanks

From: Jay Matlock
Sent: Friday, May 01, 2009 1:32 PM
To: Anissa Wright
Subject: RE: Anthony Savoy

Sorry, lets try again

Jay Matlock
Port Arthur Chemical and Environmental Services
(832) 231-3035
jmatlock@cesenvironmental.com

From: Anissa Wright
Sent: Friday, May 01, 2009 1:31 PM

To: Jay Matlock
Subject: RE: Anthony Savoy



Jay, I did not get the attachment. Please resend.

Thanks

From: Jay Matlock
Sent: Friday, May 01, 2009 1:19 PM
To: Anissa Wright
Subject: RE: Anthony Savoy

Anissa, This is what I am going to present to Anthony. Please review and add anything you feel is necessary.
Thanks for your assistance

Jay Matlock
Port Arthur Chemical and Environmental Services
(832) 231-3035
jmatlock@cesenvironmental.com

From: Anissa Wright
Sent: Friday, May 01, 2009 11:50 AM
To: Jay Matlock
Cc: Matt Bowman
Subject: re: Anthony Savoy



(b) (6)



Jay, it is important that you write up each employee who no shows, leaves without notice or violates any other company policy. I know that this may be cumbersome at times, but we need to make sure we document each occurrence should termination come in to play later down the road **and** to ensure that everyone is being treated fairly. Everyone needs to understand that they will be held accountable.

Thanks
Anissa

From: Matt Bowman
Sent: Friday, May 01, 2009 11:41 AM
To: Anissa Wright
Cc: Jay Matlock
Subject: RE: Anthony Savoy

(b) (6)

A large black rectangular redaction box covering the body of the email.

From: Anissa Wright
Sent: Friday, May 01, 2009 11:38 AM
To: Matt Bowman
Subject: Anthony Savoy
Importance: High

Matt,

(b) (6)

A large black rectangular redaction box covering the body of the email.

Please advise.

Thanks

Anissa Wright
Human Resource
CES Environmental
713-676-1460



Employee Disciplinary Report

Date: May 1, 2009

Employee Name: Anthony Savoy

Type of Disciplinary Action: (b) (6)

Dates and Circumstance of Prior Disciplinary Actions:

No Prior Disciplinary Actions

Circumstances for Current Disciplinary Action:

(b) (6)

Employee Signature: _____

Manager's Signature: _____

Note: Tony refused to sign

Anthony Savoy

Anissa Wright

From: Suzi Mock
Sent: Wednesday, April 29, 2009 4:28 PM
To: Anissa Wright
Subject: RE: Tony's Time

Anissa,

Anothy missed all day Tuesday last week, He also says he needs another timecard

Thanks!

Suzi

From: Suzi Mock
Sent: Wednesday, April 29, 2009 6:59 AM
To: Anissa Wright
Subject: Tony's Time

Anissa,

Here is Tony Savoy's time for last week:

Monday- 6am-5pm
Tuesday 6am-5pm
Wednesday 6am-3:30pm
Thursday 6am-7:30pm
Friday 6am-5pm

Thanks!

Suzi

Anissa Wright

From: Matt Bowman
Sent: Wednesday, April 29, 2009 4:30 PM
To: Anissa Wright
Subject: RE: Payroll advances to dennis and tony

agreed

From: Anissa Wright <awright@cesenvironmental.com>
Sent: Wednesday, April 29, 2009 2:57 PM
To: Matt Bowman <mbowman@cesenvironmental.com>
Subject: RE: Payroll advances to dennis and tony

Matt,

(b) (6)

A large black rectangular redaction box covering several lines of text.

Thanks
Anissa

From: Matt Bowman
Sent: Friday, April 24, 2009 5:29 PM
To: Anissa Wright; Greg Bowman; Steve Stricker; Jay Matlock; Juanita Thomas
Subject: Payroll advances to dennis and tony

(b) (6)

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TEXAS EMPLOYER NEW HIRE REPORTING PROGRAM
New Hire Reporting Form

faxed 4/8/09

- Please write all entries in CAPS • All items **MUST** be completed unless noted with an *
- PRINT legibly in ink, or type all entries • Further instructions are on reverse side

EMPLOYER INFORMATION

1. Federal Employer ID Number (FEIN)	(b) (6)	2. State Employer ID Number *	(b) (6)
3. Employer's Name	ICIES ENVIRONMENTAL SERVICES INC		
4. Employer's Address	14904 ISRLIGIS ROAD		
5. Employer's City	HOUSTON	6. State	TX
7. ZIP Code	77021-3208		
8. Employer's Payroll Address (if different from above) *			
9. Employer's Payroll City		10. State	
11. ZIP Code			
12. Employer's Telephone	(713) 676-1460	13. Employer's FAX	(713) 676-1676
14. New Hire Contact Person*	PRABHAKAR R THANGUDU		



EMPLOYEE INFORMATION

15. Social Security Number (SSN)	(b) (6)	16. First Day of Work (Mo/Day/Yr) *	Month	Day	Year (4 digits)
17. Employee First Name	ANITHONY				
18. Employee Middle Name	RAMON E				
19. Employee Last Name	SIVIO				
20. Employee Home Address	(b) (6)				
21. Employee City	BIRMINGHAM	22. State	TX	23. ZIP Code	77105
24. Employee Foreign Address					
25. City	26. Country		27. Postal Code		
28. State Where Employee was hired*	TX		29. Employee DOB (Mo/Day/Yr)		
30. Employee's Salary Dollars (\$ and cents)	(b) (6)		(b) (6)		
31. Salary (Check One)	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Yearly				


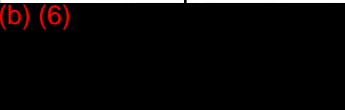

*Optional

Submit within 20 calendar days of new employee's first day of work to
ENHR Operations Center, P.O. Box 149224, Austin, Texas 78714-9224
FAX: 1-800-732-5015, Phone: 1-800-850-6442
Online: <http://employer.oag.state.tx.us>

Employer Home User Administration My Account Data Transfer Logout

 	New Hires	Terminations	Verification of Employment	Medical Support	Wage Withholding	Payments	
---	-----------	--------------	----------------------------	-----------------	------------------	----------	--

- General Information
- All submitted records for the company(s) you are authorized to report on may be viewed, edited, or printed.
- Online Reporting
- This is a record of the current daily work and is only available prior to the processing of the record.
- Report Termination
-
- View Today's Activity
- To edit a record, click the number in the Edit column.
- To print the detail of today's activities, click the Print button on your browser.

Edit	Employee Name	Form Type	FEIN	Legal Name	Submitted	Submitted By	Process
1		Termination	760592985	CES ENVIRONMENTAL SERVICES INC	05/04/2009 09:45:45	WRIGHT, ANISSA	
2	(b) (6) 		760592985	CES ENVIRONMENTAL SERVICES INC	05/04/2009 09:27:53	WRIGHT, ANISSA	
3		Termination	760592985	CES ENVIRONMENTAL SERVICES INC	05/04/2009 09:26:11	WRIGHT, ANISSA	



KROLL

Date Requested : 17-Mar-2009
09:39:38 AM CST
Reference Number : 8454896

CLIENT INFORMATION

Client : CES Environmental
Address : 4904 Guggs Road
Houston, TEXAS 77021
Phone : 713-676-1460
Requestor : Anissa Wright

Acct No : 64449

SUBJECT INFORMATION

Title : Mr.
Name : Savoy, Anthony
Name Suffix :
Address : (b) (6)

SSN : (b) (6)
Date of Birth : [REDACTED]
Gender : Male

Package Ordered: Three Points Package

SERVICES ORDERED

Service Name	Location	Name Searched	Status	Alert	Disposition
County Criminal Record Search	JEFFERSON TX	Savoy, Anthony	QA'd	▼	
Federal Criminal National Record Search		Savoy, Anthony	QA'd	▼	
SSN Trace & Address Locator Database	(b) (6)	Savoy, Anthony	QA'd		

QA : Kroll Employee

Status : QA

QA Date : 25-Mar-2009 11:03 AM CST

Notice :

The information contained herein should not be the sole determinant in an evaluation of the above-listed individual.

THIS REPORT IS SUBMITTED IN STRICT CONFIDENCE AND EXCEPT WHERE REQUIRED BY LAW, NO INFORMATION PROVIDED IN THIS REPORT MAY BE REVEALED DIRECTLY OR INDIRECTLY TO ANY PERSON EXCEPT TO ONE WHOSE OFFICIAL DUTIES REQUIRE THEM TO PASS ON THE TRANSACTION IN RELATION TO WHICH THIS REPORT WAS ORDERED.

This report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records. As such, there is a possibility that this report may contain evidence of criminal activity inaccurately associated with the subject of this report. In order to assist with the prevention of identity theft crimes, every consumer may receive a free copy of this report per request.

The information provided herein shall not be construed to constitute a legal opinion; rather it is a compilation of public records/data for your review.

Kroll Background America searched the public record source for the above listed information limited to the stated searched period. The records are differentiated at the source by one or all of the following identifiers: name, address, date of birth, national insurance number, nationality and/or gender. The accuracy of the results may be affected without one or more of these identifiers.

County Criminal Record Search ▼

QA'd as of 23-Mar-2009 03:56 PM CST

(b) (6)

[Redacted Content]

Remarks

(b) (6)

[Back To Services Ordered](#)**SSN Trace & Address Locator Database**

QA'd as of 18-Mar-2009 12:43 PM CST

First Name: Anthony**Middle Name:****Last Name:** Savoy**Social Security Number:** (b) (6)**Source Searched:** National Database (auto)**Remarks:**

Important: The Public Records and commercially available data sources used for this search have errors. Data is sometimes entered poorly, processed incorrectly and is generally not free from defect. This system should not be relied upon as definitively accurate. Before relying on any data this system supplies, it should be independently verified.

Bureau Results:

Results As Of: 17-Mar-2009 09:52:52 AM CST

Name: ANTHONY SAVOY**Address**

Address:	(b) (6)	First Reported:	Nov-2004
		Last Reported:	Feb-2009
Address:		First Reported:	Feb-2005

Name:**Date of Birth:**

(b) (6)

Address

Address:	(b) (6)	First Reported:	Feb-1993
		Last Reported:	Feb-2007

Name:**Date of Birth:**

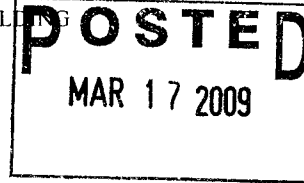
(b) (6)

Address

Address:	(b) (6)	First Reported:	Dec-1990
		Last Reported:	Dec-1992

[Back To Services Ordered](#)

INCOME WITHHOLDING FOR SUPPORT
ADMINISTRATIVE WRIT OF WITHHOLDING



- ☐ ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
☐ ONE-TIME ORDER/NOTICE-LUMP SUM PAYMENT
☐ TERMINATION of IWO

☒ AMENDED IWO

Date: 3/13/2009

☒ Child Support Enforcement (CSE IV-D) Agency ☐ Court ☐ Attorney ☐ Private Individual/Entity (Check One)

NOTE: If you receive this document from someone other than a State or Tribal Child Support Enforcement agency or a court, a copy of the underlying order that contains a provision authorizing income withholding must be attached. Or if under State law an attorney in that State, or if under Tribal law a Tribal legal representative, may issue an income withholding order, the attorney or Tribal legal representative must include a copy of the State or Tribal law authorizing the attorney or Tribal legal representative to issue an income withholding order.

State/Tribe/Territory Texas
City/County/Dist./Tribe 317TH DISTRICT COURT JEFFERSON COUNTY
Private Individual/Entity _____

Case Identifier 0009639342
Order Identifier C203468

CES ENVIRONMENTAL SERVICES INC

Employer/Income Withholder's Name
4904 GRIGGS RD
HOUSTON, TX 77021-3208-04

Employer/Income Withholder's Address
(b) (6)
Employer/Income Withholder's Federal EIN _____

Child's Name (Last, First, MI)
SAVOY, JORDAN C

RE: SAVOY, ANTHONY RAMONE

Employee/Obligor's Name (Last, First, MI)
(b) (6)
Employee/Obligor's Social Security Number (if known)
(b) (6)
Custodial Party/Obligee's Name (Last, First, MI)

ORDER INFORMATION: This document is based on the support or withholding order from TEXAS.

You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ (b) (6)	Per <u>monthly</u>	current child support	
\$ (b) (6)	Per <u>monthly</u>	past-due child support - Arrears greater than 12 weeks?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
\$ (b) (6)	Per <u>monthly</u>	current cash medical support	
\$ (b) (6)	Per <u>monthly</u>	past-due cash medical support	
\$ (b) (6)	Per _____	current spousal support	
\$ (b) (6)	Per _____	past-due spousal support	
\$ (b) (6)	Per _____	other (must specify) _____	
for a total of \$ (b) (6)		Per <u>monthly</u>	to be forwarded to the payee below.

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ (b) (6)	per weekly pay period.	\$ (b) (6)	per semimonthly pay period (twice a month).
\$ (b) (6)	per biweekly pay period (every two weeks).	\$ (b) (6)	per monthly pay period.
\$ _____ ONE-TIME LUMP SUM PAYMENT Do not stop any existing IWO unless you receive a termination order.			

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is in Texas, you must begin withholding no later than the first pay period following the date on which this Order/Notice was delivered to the employer. Send payment on the same day of the pay date/date of withholding. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to 50 % of disposable income for all orders.

If the employee/obligor's principal place of employment is not in Texas, see the ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER INCOME WITHHOLDERS section for limitations on withholding, applicable time requirements, and any allowable employer's fees.

Document Tracking Identifier 283629831

For EFT/EDI instructions, contact the EFT/EDI office at 1-877-474-4463 before first submission.

IMPORTANT: The person completing this form is advised that the information on this form may be shared with the obligor.
October 2008

OMB 0970-0154
Form 3N051

EPAHO043001292

If paying by check, make check payable to:

OFFICE OF THE ATTORNEY GENERAL

Send
check to:

**TX CHILD SUPPORT SDU
P O BOX 659791
SAN ANTONIO, TX 78265-9791**

Include these Remittance Identifiers with payment:

AG Case # **0009639342**

Cause # **C203468**

FIPS code (if necessary): **4800000**

Alicia G. Key

Signature and Date **3/13/2009**

Print Name: **Alicia G. Key**

Title of Issuing Official: **Deputy Attorney General for Child Support**

☐ If checked, you are required to provide a copy of this form to your employee/obligor. If the employee/obligor works in a State or for a Tribe that is different from the State or Tribe that issued this order, a copy must be provided to your employee/obligor even if the box is not checked.

ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER INCOME WITHHOLDERS

State specific information may be viewed on the OCSE Employer Services website located at:
<http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contacts.htm>

Priority: Withholding for support has priority over any other legal process under State law (or Tribal law, if applicable) against the same income. If a Federal tax levy is in effect, please notify the contact person listed below.

Combining Payments: You can combine withheld amounts from more than one employee/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.

Reporting the Pay Date/Date of Withholding: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the State (or Tribal law, if applicable) of the employee/obligor's principal place of employment with respect to the time periods within which you must implement the withholding and forward the support payments.

Employee/Obligor with Multiple Support Withholdings: If there is more than one Order/Notice against this employee/obligor and you are unable to fully honor all support Orders/Notices due to Federal, State, or Tribal withholding limits, you must follow the State or Tribal law/procedure of the employee/obligor's principal place of employment. You must honor all Orders/Notices to the greatest extent possible, giving priority to current support before payment of any past-due support.

Lump Sum Payments: You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. Contact the agency or person listed below to determine if you are required to withhold or if you have any questions about lump sum payments.

Liability: If you have any doubts about the validity of the Order/Notice, contact the agency or person listed below. If you fail to withhold income as the Order/Notice directs, you are liable for both the accumulated amount you should have withheld from the employee/obligor's income and any other penalties set by State or Tribal law/procedure.

Anti-discrimination: You are subject to a fine determined under State or Tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of a child support withholding.

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act(CCPA)(15 U.S.C. 1673 (b)); or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment. Disposable income is the net income left after making mandatory deductions such as: State, Federal, local taxes, Social Security taxes, statutory pension contributions and Medicare taxes. The Federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, that 50% limit is increased to 55% and that 60% limit is increased to 65% if the arrears are greater than 12 weeks. If permitted by the State, you may deduct a fee for administrative costs. The support amount and the fee may not exceed the limit indicated in this section.

Employee/Obligor's Name ANTHONY RAMONE SAVOY
Order Identifier C203468

Case Identifier 0009639342
Employer's Name CES ENVIRONMENTAL SERVICES INC

Arrears greater than 12 weeks: If the Order Information does not indicate whether the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers who receive a State order, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673 (b)).

Depending upon applicable State law, you may need to take into consideration the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Additional information:

NOTIFICATION OF TERMINATION OF EMPLOYMENT: You must promptly notify the Child Support Enforcement Agency and/or the person listed below by returning this form to the correspondence address if:

☐ This person has never worked for this employer.

☐ This person no longer works for this employer.

Please provide the following information for the terminated employee:

Termination date: _____ Last known phone number: _____

Last known home address: _____

Date final payment made to the State Disbursement Unit or Tribal CSE agency: _____

Final payment amount: _____ New employer's name: _____

New employer's address: _____

CONTACT INFORMATION

To employer: If the employer/income withholder has any questions, contact CHIN VAN DANG at:

CHILD SUPPORT UNIT 0502E
1110 CALDER AVE
BEAUMONT, TX 77701-1701

by phone at (409) 832-1606, by fax at (409) 832-6563, or by Internet for employers at <http://employer.oag.state.tx.us>

Send termination notice and other correspondence to:

Or

You may submit the termination online via the Internet at

<http://employer.oag.state.tx.us>

Office of the Attorney General
Child Support Division
Central File Maintenance
P O Box 12048
Austin, TX 78711-2048

To employee/obligor:

If the employee/obligor has any questions, contact CHIN VAN DANG at:

CHILD SUPPORT UNIT 0502E
1110 CALDER AVE
BEAUMONT, TX 77701-1701

by phone at (409) 832-1606, by fax at (409) 832-6563, or by Internet for employees at <http://childsupport.oag.state.tx.us>

MC: EL 0502E
FS# 283629831
Central File Maintenance
P. O. Box 12048
AUSTIN, TX 78711-2048



OFFICE OF THE ATTORNEY GENERAL
STATE OF TEXAS
CHILD SUPPORT DIVISION
GREG ABBOTT
Attorney General

CES ENVIRONMENTAL SERVICES INC
4904 GRIGGS RD
HOUSTON, TX 77021-3208-04

Date: **March 13, 2009**
Custodial Parent: **(b) (6)**
Non-Custodial Parent: **ANTHONY SAVOY**
Attorney General Case# **0009639342**
Cause # **C203468**

ATTN:

RE: **ANTHONY RAMONE SAVOY**

Dear Employer:

Enclosed please find an Order/Notice to Withhold Income for Child Support (Administrative Writ of Withholding).

You are required to begin withholding from your employee's disposable earnings no later than the first pay period following the date this document is received by you, and pay all amounts withheld on each regular pay day, according to the terms of the Order/Notice [Texas Family Code §158.202].

If the employee's obligation changes in the future, another Order/Notice for the new amount will be sent to you.

For questions you have regarding the Order/Notice or electronic payment options, please access the Employer Handbook online at <http://employer.oag.state.tx.us> or contact us at 1-800-850-6442.

Sincerely,
CHIN VAN DANG
CHILD SUPPORT UNIT 0502E
1110 CALDER AVE
BEAUMONT, TX 77701-1701
(409) 832-1606

Enclosures



CES Environmental Services, Inc.

Employee Information

Personal Information

Full Name: SAVOY, Anthony R.
Address: (b) (6) (b) (6) (b) (6)
Home Phone: (b) (6) Alternate Phone: ()
E-mail Address: _____
Social Security Number or Government ID: (b) (6)
Birth Date: (b) (6) Marital Status: Single
Spouse's Name: _____
Spouse's Employer: _____ Spouse's Work Phone: ()

Job Information

Title: _____ Employee ID: _____
Supervisor: _____ Department: _____
Work Location: _____ E-mail Address: _____
Work Phone: () Cell Phone: ()
Start Date: _____ Salary: \$ _____

Emergency Contact Information

Full Name: (b) (6)
Address: (b) (6) (b) (6) (b) (6)
Primary Phone: (b) (6) Alternate Phone: ()
Relationship: _____

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last SAVOY, Anthony R.	First R.	Middle Initial	Maiden Name
Address (Street Name and Number) (b) (6)		Apt #	Date of Birth (month/day/year) (b) (6)
City Beaumont	State TX.	Zip Code 77705	Social Security # (b) (6)


I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☒ A citizen or national of the United States

☐ A lawful permanent resident (Alien #) A _____

☐ An alien authorized to work until _____
(Alien # or Admission #)

Employee's Signature


Date (month/day/year)
03-11-19-2008

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		(b) (6)		(b) (6)
Issuing authority: _____				
Document #: _____				
Expiration Date (if any): _____				
Document #: _____				
Expiration Date (if any): _____				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

**Pre-Screening Notice and Certification Request for
the Work Opportunity Credit**

OMB No. 1545-1500

► See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name Anthony SAVOY Social security number ► (b) (6)
Street address where you live (b) (6)
City or town, state, and ZIP code Beaumont TX 77705
Telephone number (b) (6)
If you are under age 40, enter your date of birth (month, day, year) 8/6/71

- 1 ☐ Check here if you are completing this form **before** August 28, 2007, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received food stamps for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a Received food stamps for the past 6 months, **or**
 - b Received food stamps for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:
- Discharged or released from active duty in the U.S. Armed Forces, **or**
 - Unemployed for a period or periods totaling at least 6 months.
- 5 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months, **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ►

Date 11/19/08

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 22851L

Form **8850** (Rev. 6-07)

For Employer's Use Only

Employer's name _____ Telephone no. () - EIN ▶ _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. () - _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) ▶ _____

Date applicant:	Gave information	____/____/____	Was offered job	____/____/____	Was hired	____/____/____	Started job	____/____/____
-----------------	---------------------	----------------	-----------------------	----------------	--------------	----------------	----------------	----------------

Complete Only If Box 1 on Page 1 is Checked

State and
county or
parish of
job _____

☐ Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant completed this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ _____	Title _____	Date ____/____/____
------------------------------	-------------	---------------------

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping5 hrs., 30 min.

Learning about the law or the form 24 min.

Preparing and sending this form to the SWA 30 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

Application For Employment Solicitud de Empleo

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status. Aceptamos solicitudes para todas las posiciones sin tomar en cuenta raza, color, religión, credo, sexo, nacionalidad, incapacidad, orientación sexual, estado de ciudadanía, o cualquier otro estado protegido legalmente.

(PLEASE PRINT / SIRVASE ESCRIBIR EN LETRAS DE MOLDE)

Position(s) Applied For / Puesto(s) que solicita <u>Jr HSE Manager</u>	Date of Application / Fecha de la Solicitud <u>3/16/2009</u>
How Did You Learn About Us? / ¿Cómo se enteró sobre nosotros?	
<input type="checkbox"/> Advertisement / Anuncio	<input type="checkbox"/> Employment Agency / Agencia de Empleo
<input type="checkbox"/> Relative / Pariente	<input type="checkbox"/> Inquiry / Vino por su cuenta
<input type="checkbox"/> Friend / Amigo	<input checked="" type="checkbox"/> Other / Otro <u>Referral</u>

Last Name / Apellido(s) <u>McDaniel</u>	First Name / Nombre(s) <u>Shirley</u>	Middle Name <u>MARIE</u>
Address / Dirección		
<u>(b) (6)</u>		
Telephone Number(s) / Número(s) de Teléfono <u>(b) (6)</u>		
Social Security Number / Número de Seguro Social <u>(b) (6)</u>		

Best time to contact you at home is: La mejor hora para comunicarse con usted en casa es: 8:00 ☒ AM ☐ PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? ... ☒ Yes / Si ☐ No

Si es menor de 18 años, ¿puede proveer las pruebas requeridas sobre su elegibilidad para trabajar? ... ☒ Yes / Si ☐ No

Have you ever filed an application with us before? ¿Ha solicitado empleo en esta empresa anteriormente? ☐ Yes / Si ☒ No

If Yes, give date _____ En caso afirmativo, indique la fecha _____

Have you ever been employed with us before? ¿Ha trabajado en esta empresa anteriormente? ☐ Yes / Si ☒ No

If Yes, give date _____ En caso afirmativo, indique la fecha _____

Do any of your friends or relatives, other than spouse, work here? ... ☒ Yes / Si ☐ No

¿Trabaja en esta empresa algún amigo o familiar? ... ☒ Yes / Si ☐ No

Are you currently employed? ¿Trabaja actualmente? ☐ Yes / Si ☒ No

May we contact your present employer? ¿Nos autoriza a ponernos en contacto con su empleador actual? ☒ Yes / Si ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes / Si ☒ No

¿Tiene prohibido trabajar legalmente en este país a causa de su situación de inmigración o visa?

Proof of citizenship or immigration status will be required upon employment. ☐ Yes / Si ☒ No

Si se le contrata se le pedirá prueba de ciudadanía o situación de inmigración.

What is your desired salary range? _____ ¿Cuál es el alcance de su salario deseado? _____

Date available for work / ¿En qué fecha estará disponible para trabajar? ____/____/____

Are you available to work: / ¿Está disponible para trabajar:

☒ Full-Time / Tiempo Completo ☐ Part-Time / Tiempo Parcial ☐ Temporary / Temporario

Are you currently on "lay-off" status and subject to recall? ☐ Yes / Si ☒ No

¿Está actualmente en despido temporal y sujeto a que lo vuelvan a emplear?

WE ARE AN EQUAL OPPORTUNITY EMPLOYER ESTA FIRMA OFRECE IGUALDAD DE OPORTUNIDAD DE EMPLEO

EPAHO043001300

NAME / NOMBRE:

POSITION / PUESTO:

DATE / FECHA:

Education/Educación

	Name and Address of School Nombre y Dirección de Escuela	Course of Study Curso de Estudios	Number of Years Completed Número de Años Terminados	Diploma/Degree Título o Diploma
Elementary School Escuela Primaria	Hattie Martin Robstown Texas	Regular	8	yes
High School Escuela Secundaria	Cedar Creek League City Tx	Regular	4	yes
Undergraduate College Universidad de Pregrado	San Jacinto College	Chemistry	2	yes
Graduate/Professional Posgrado/Profesional				
Other (Specify) Otro (Especifique)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.
Describe su capacitación especializada, aprendizaje, destrezas y actividades extracurriculares.

RCRA AND TEXAS WASTE CERTIFICATION
TCEQ CLASS D WATER LICENSE
STEERS INPUT, TCEQ REPORT EXPERIENCE
MICROSOFT WORD, POWERPOINT AND EXCEL
VPP INSPECTIONS AND AUDITS
ISO 9002 AUDITOR FOR LAB

Describe any job-related training received in the United States military.
Describe la capacitación especializada relacionada con el empleo que haya recibido de las fuerzas armadas de los Estados Unidos.

Employment Experience / Experiencia Laboral

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Indique primero su empleo actual o su último empleo. Incluya las actividades de servicio militar relacionadas con su empleo y las actividades como voluntario. Está autorizado a excluir las organizaciones que indiquen su raza, color, religión, género, origen nacional, sus incapacidades físicas o mentales o cualquier otra condición protegida por la ley.

1.	Employer / Empleador Sunoco Address / Dirección 9802 Fairmont Parkway Telephone Number(s) / Número(s) de teléfono 281-291-2801 Job Title / Título del Empleo Environmental Tech Supervisor / Supervisor Gerald Crawford Reason for Leaving / Motivo por el Cual Dejó su Empleo Plant Closing	Dates Employed / Fechas de Empleo From / Desde: 2003 To / Hasta: 2009 Hourly Rate / Salary / Paga por Hora / Sueldo Starting / Inicial: (b) (6) Final: (b) (6)	Work Performed / Trabajo Realizado LDAR Coordinator Waste Remediation Water samples & Reports
2.	Employer / Empleador Lyondell Polymers Address / Dirección 9802 Fairmont Parkway Telephone Number(s) / Número(s) de Teléfono 281-291-2905 Job Title / Título del Empleo LAB SPECIALIST Supervisor / Supervisor Steve Lowry Reason for Leaving / Motivo por el Cual Dejó su Empleo Plant was sold	Dates Employed / Fechas de Empleo From / Desde: 1990 To / Hasta: 2003 Hourly Rate / Salary / Paga por Hora / Sueldo Starting / Inicial: (b) (6) Final: (b) (6)	Work Performed / Trabajo Realizado Soft water LIMS Administration Training & Method Development Assist & stand-in for supervisor
3.	Employer / Empleador Repene Address / Dirección 9802 Fairmont Parkway Telephone Number(s) / Número(s) de Teléfono 281-291-2801 Job Title / Título del Empleo LAB TECH Supervisor / Supervisor Jim Huckabee Reason for Leaving / Motivo por el Cual Dejó su Empleo Plant sold	Dates Employed / Fechas de Empleo From / Desde: 1977 To / Hasta: 1990 Hourly Rate / Salary / Paga por Hora / Sueldo Starting / Inicial: (b) (6) Final: (b) (6)	Work Performed / Trabajo Realizado GC, AA, Water Analysis Lead on shift Plant Quality Inspections
4.	Employer / Empleador Address / Dirección Telephone Number(s) / Número(s) de Teléfono Job Title / Título del Empleo Supervisor / Supervisor Reason for Leaving / Motivo por el Cual Dejó su Empleo 	Dates Employed / Fechas de Empleo From / Desde: To / Hasta: Hourly Rate / Salary / Paga por Hora / Sueldo Starting / Inicial: Final:	Work Performed / Trabajo Realizado

If you need additional space, please continue on a separate sheet of paper
 Si necesita más espacio continúe en otra hoja de papel

List professional, trade, business or civic activities and offices held. Indique los puestos profesionales, vocacionales, comerciales o cívicos que haya ocupado, o las actividades de este tipo que haya realizado.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status / Está autorizado a excluir la participación que revele su sexo, raza, religión, origen nacional, edad, ascendencia, incapacidad física o mental, o cualquier otra condición protegida por la ley:

CATER LINE REPRESENTATIVE
 ZIAISON Between Jennie Reid Elementary & Plant for events
 PLANT Rep for Cooperate WASTE IMPROVEMENT

Additional Information/Información Adicional

Other Qualifications/Destrezas y Calificaciones Especiales

Summarize special job-related skills and qualifications acquired from employment or other experience.

Resume las destrezas y calificaciones, o cualquier otro tipo de experiencia, que haya adquirido en otros empleos y que estén relacionadas con el empleo que solicita.

LEADER IN REGULATORY TRAINING, STAND-UP SPEAKER
DEVELOPED STARS TRAINING PROGRAM FOR BOTH PLANTS

Specialized Skills/Destrezas Especializadas (Check Skills/Equipment Operated/Marque sus Destrezas o Equipos que Puede Operar)

<input type="checkbox"/> Terminal	<input checked="" type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list) Maquinaria	Other (list) Otro (indique)
<input checked="" type="checkbox"/> PC/MAC	<input checked="" type="checkbox"/> Word Processing		
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand		
WPM	WPM		

State any additional information you feel may be helpful to us in considering your application.
Indique cualquier información adicional que considere que nos sería útil para evaluar su solicitud.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? A review of the activities involved in such a job or occupation has been given.

☒ YES ☐ NO

Nota para el solicitante: NO CONTESTE ESTA PREGUNTA A MENOS QUE LE HAYAN INFORMADO SOBRE LOS REQUISITOS DEL EMPLEO QUE SOLICITA.

¿Puede ejecutar de manera razonable las actividades que debiera realizar en el empleo u ocupación que solicita?
Se adjunta una descripción de las actividades a realizarse en dicho empleo u ocupación.

☐ SI ☐ NO

References/Referencias

1. (b) (6)

2.

3.

3.

Lyondellbasell Polymers La Porte Tx

(Name/Nombre)

Phone #/Número de Teléfono

Applicant's Statement / Declaración del Empleado

I certify that answers given herein are true and complete. Certifico que las respuestas dadas en la presente son completas y verdaderas.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

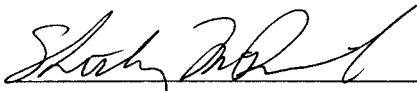
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Autorizo la investigación de todas las declaraciones que aparecen en esta solicitud de empleo que sea necesaria para tomar una decisión sobre el puesto de trabajo que solicito.

Esta solicitud de empleo se considerará activa durante un período que no excederá los 45 días. Los solicitantes que deseen que se les considere para puestos de trabajo después de este período de tiempo, deberán preguntar si se aceptan o no solicitudes en ese momento.

Por la presente entiendo y acepto que, a menos que lo definan de otra manera las leyes aplicables, todas las relaciones de trabajo con esta organización serán de tipo "a voluntad", lo que significa que el Empleado podrá renunciar en cualquier momento y que el Empleador podrá despedir al Empleado en cualquier momento, con o sin causa. Además, se entiende que la relación de trabajo "a voluntad" no se podrá cambiar mediante ningún documento escrito ni por ninguna conducta, a menos que un ejecutivo autorizado de esta organización haya aceptado dicho cambio por escrito.

En caso que se me contrate, entiendo que toda información falsa o engañosa que haya dado en mi solicitud o en mi(s) entrevista(s) puede resultar en mi despido. Entiendo, además, que deberé cumplir con todas las regulaciones y reglamentos de mi empleador.



Signature of Applicant / Firma del Solicitante

3/16/09

Date / Fecha

FOR PERSONNEL DEPARTMENT USE ONLY / PARA USO EXCLUSIVO DEL DEPARTAMENTO DE PERSONAL

Arrange Interview / Fijar Fecha de Entrevista ☐ Yes / Sí ☐ No

Remarks / Comentarios _____

INTERVIEWER

DATE

Employed / Empleado ☐ Yes / Sí ☐ No Date of Employment / Fecha de Empleo _____

Job Title / Título del Empleo _____ Hourly Rate / Salary / Pago por Hora / Sueldo _____

Department / Departamento _____

By / Por _____
NAME AND TITLE / NOMBRE Y TÍTULO DATE / FECHA

NOTES / ANOTACIONES _____

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law. Esta Solicitud de Empleo se vende para uso general en todo Estados Unidos. Amsterdam Printing and Litho, no asume ninguna responsabilidad por el uso de dicho formulario ni por ninguna pregunta que, cuando la formule el empleador al individuo que solicite empleo, pudiera violar las leyes federales y/o estatales.

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Para efectuar su pedido llame al 1-866-466-1438.

Amsterdam

Rev. 9/06

EPAHO043001304

Form W-4 (2008)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

<p>A Enter "1" for yourself if no one else can claim you as a dependent.</p> <p>B Enter "1" if:</p> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. <p>C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)</p> <p>D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return</p> <p>E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)</p> <p>F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</p> <p>G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child. • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children. <p>H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)</p>	<p>A 1</p> <p>B 1</p> <p>C 0</p> <p>D 2</p> <p>E 0</p> <p>F 0</p> <p>G 0</p> <p>H 2</p>
---	---

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2008
Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				
1 Type or print your first name and middle initial. Anthony R.		Last name SAVALI		2 Your social security number (b) (6)
(b) (6)		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
City or town, state, and ZIP code Beaumont TX 77705				
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 2
6 Additional amount, if any, you want withheld from each paycheck				6 \$ 0
7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here				
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.)		Date 11-19-08		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form W-4 (2008)

EPAHO043001305

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2008 tax return.

- 1 Enter an estimate of your 2008 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2008, you may have to reduce your itemized deductions if your income is over \$159,950 (\$79,975 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$10,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,000 \text{ if head of household} \\ \$5,450 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) 5 \$ _____
- 6 Enter an estimate of your 2008 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 Divide the amount on line 7 by \$3,500 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than "3." 2 _____
- 3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet 3 _____

Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 Subtract line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2008. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2007. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$4,500	0	\$0 - \$6,500	0
4,501 - 10,000	1	6,501 - 12,000	1
10,001 - 18,000	2	12,001 - 20,000	2
18,001 - 22,000	3	20,001 - 27,000	3
22,001 - 27,000	4	27,001 - 35,000	4
27,001 - 33,000	5	35,001 - 50,000	5
33,001 - 40,000	6	50,001 - 65,000	6
40,001 - 50,000	7	65,001 - 80,000	7
50,001 - 55,000	8	80,001 - 95,000	8
55,001 - 60,000	9	95,001 - 120,000	9
60,001 - 65,000	10	120,001 and over	10
65,001 - 75,000	11		
75,001 - 100,000	12		
100,001 - 110,000	13		
110,001 - 120,000	14		
120,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$65,000	\$530	\$0 - \$35,000	\$530
65,001 - 120,000	880	35,001 - 80,000	880
120,001 - 180,000	980	80,001 - 150,000	980
180,001 - 310,000	1,160	150,001 - 340,000	1,160
310,001 and over	1,230	340,001 and over	1,230

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



To: Gina Williamson

Fax: 713-634-5201

Re: Release form

From: Anissa Wright
(CES Environmental)

Phone: 713-676-1460

Fax: 713-676-1676

Date: 11/20/08

Notes: Anthony Savoy

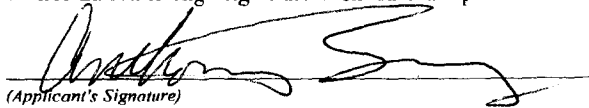
Authorization for Release of Records

In accordance with the provisions of the Fair Credit Reporting Act (Public Law 91-508), as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that a consumer report may be obtained on you for employment purposes.

In addition, may also request additional reports for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

My signature below indicates that you are authorized to provide such reports and are released from any and all liability which may result from furnishing such information.

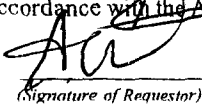
I acknowledge the receipt of the above disclosure and authorize to obtain reports and conduct investigations on me for employment purposes. The authorization is ongoing in the event such a report is needed in the future.


(Applicant's Signature)

11-19-08
(Date)

In accordance with the provisions of the Fair Credit Reporting Act (Public Law 91-508), I hereby certify that the information requested below will be used for "permission purposes" as defined in the Act.

Furthermore, if the applicant named below is denied employment based on the information received, I will identify the source of the report in accordance with the Act.


(Signature of Requestor)

CES Environmental Services, Inc
(Name of Company)

Anissa Wright, HR
(Printed Name & Title)

4904 Griggs Road
(Number & Street)

11-19-08
(Date)

Houston, TX 77021
(City, State & Zip Code)

Name of Applicant: SAVOY, Anthony R

Address: (Number & Street)	(b) (6)	City:	<u>Beaumont</u>	State & Zip:	<u>TX. 77705</u>
Former Address: (Number & Street)		City:		State & Zip:	

SSN: (b) (6)	License Number: (b) (6)	State: <u>TX.</u>	DOB: (b) (6)
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DRUG AND ALCOHOL
TEST CONSENT

I understand that as a condition of employment, I must voluntarily consent to and satisfactorily complete urine screening tests to determine the presence of certain substances and/or a blood alcohol test to determine the presence of alcohol.

I further understand that I must voluntarily consent to unannounced searches and inspections of myself and my clothing and any locker, desks, clothing, Company-paid lodging, or vehicle assigned to me for the purpose of enforcing this policy.

As a candidate for employment, I understand that the presence of one or more of such drugs will disqualify me from further consideration for employment.

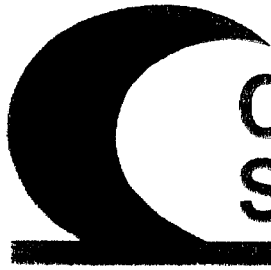
As an incumbent employee, I understand that the presence of one or more such drugs/alcohol may be cause for disciplinary action, up to and including termination of my employment.

I certify that I have read this form and the CES Substance Abuse policy or they have been read to me, and I understand their contents. I agree to the release of information obtained through medical inquiries or substance screen tests by the medical examiner(s) to CES and all related entities or its representatives on "need to know" basis.

I also hereby authorize the Company to conduct through its designated medical examiner(s), a substance screen test(s) and I release the clinic/physician and related entities, their directors, employees and agents from all legal responsibility arising out of the information obtained through the medical inquiries or screening test.

Applicant/Employee Anthony J. [Signature] Date 11-19-08

Witness [Signature] Date 11/19/08



CES Environmental Services, Inc.

Name: Anthony "Tony" Savoy

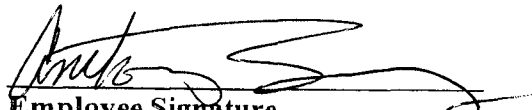
Pant Size: 36 x 36 Jeans or Slacks
Shirt Size: 2 x L Length & Width

Signature: Anthony Savoy

Date: 11-19-08

New Hire Uniform and Safety Shoe Agreement

As a new employee of CES Environmental Services, I agree to pay the uniform set up fee of \$27.30. If I do not complete 90 days of employment I agree to allow CES Environmental Services to payroll deduct \$27.30 plus the amount of any lost uniforms and \$100.00 for safety shoes furnished by CES Environmental Services, Inc.


Employee Signature

11-19-08
Date

CES Environmental Services, Inc.

Effective Date: _____

**ACKNOWLEDGMENT
SAFETY POLICIES AND PROCEDURES MANUAL**

By my signature below, I (Please Print) Anthony Savoy hereby acknowledge that I have read (or it has been read to me), I have access to, and I understand what is expected of me as an employee of CES Environmental Services.

I agree to cooperate and abide by this policy and understand that any failure to do so on my part is grounds for termination.


EMPLOYEE SIGNATURE

11-19-08
DATE

SIGNATURE OF SUPERVISOR OR WITNESS

DATE

CELL PHONE POLICY

1. The cell phone you have been issued is for company business only and is property of CES. However, **within reason**, employees can use the business phone to make and receive personal calls. All employees are issued 500 minutes. Any additional costs associated with personal use are the responsibility of the employee.
 - o Downloading music, pictures and video games are not permitted. These downloads range from \$2.50 to \$5.99 each.
 - o The company plan allows for 300 text messages per month (incoming and outgoing). Any messages over this will be the responsibility of the employee. Additional text messages are \$0.10 each (incoming and outgoing).
 - o **500** peak minutes are allotted for general employees, **1500** minutes for Mid-level Managers and **unlimited** for Sales, Customer Service, and Upper Management. \$0.20 per minute will be charged for minutes over the allotted amount. *Unlimited nights and weekends are issued for each phone.*
2. The phone issued is **YOUR** responsibility. If the phone is lost or stolen, CES will charge you a \$50.00 insurance deductible.
3. If your cell phone is damaged due to work related activities, CES will replace your phone at no cost.
4. CES will deduct any costs associated with the cell phones from the employees next pay check following CES receiving the phone bill.
NO EXCEPTIONS!
5. If you have any issues with your phone, please bring them to Jeff's attention.


Employee Signature

11-19-08
Date

Anthony SAVOY
Printed Name

Employee Confidentiality
And
Assignment Agreement
For Salary Employees

I understand that CES Environmental Services Inc. ("CES") has developed and used and will be developing and using Confidential Information in connection with its business. "Confidential Information" includes, but is not limited to, information relating to its environmental waste disposal services and /or products business such as customer lists, supplier lists, cost structure, pricing policies, operational methods, technical processes and other business affairs and methods, plans for future developments and other information which is not readily available to the public. This information was developed and will be developed by CES at great expense and constitutes trade secrets of CES. To safeguard this Confidential Information, CES has instituted policies and procedures to protect such information.

In connection with my employment by CES, I will come into contact with such Confidential Information.

I understand that the Confidential Information is vital to the success of CES's business and, in consideration of my employment by CES and the consideration to be paid to me for my services, I state the following:

1. I agree that during and after my term of engagement with CES:
 - (a) I shall keep secret all Confidential Information and not reveal or disclose it to anyone outside of CES, except with CES's prior written consent;
 - (b) I shall not make use of any of such Confidential Information for my own purposes or the benefit of anyone other than CES; and
 - (c) I shall deliver promptly to CES, upon the termination of my engagement and at any time CES may so request, all software, data, memoranda, notes, records and other documents (and all copies thereof) constituting or relating to such Confidential Information which I may then possess.
2. All work which I create in connection with my engagement shall be considered to be "works made for hire" under the U.S. Copyright Act, 17 U.S.C. Sections 101 et seq. In the event a work is not construed to be a work made for hire, I assign, and will assign to CES all my rights and interests in any developments, design, inventions, improvements, trade secrets, trademarks, copyrightable subject matter or proprietary information which I have made or conceived, or may make or conceive, either solely or jointly with others and either on or off CES's premises, (a) while providing services to CES, (b) with the use of the time, materials or facilities of CES, (c) relating to any product, service or activity of CES of which I have knowledge or (d) suggested by or resulting from any work performed by me for CES (the "Developments"). I agree that I have no proprietary interest in any Developments, including any patent, copyright, trademark and trade secret rights.

Any and all programs, inventions and other works of authorship developed by me while performing services for CES are created for and owned exclusively by CES. I agree that I shall sign any papers necessary for patents, copyrights or trademarks to conform and protect the interest of CES, in the Developments and that I shall not register, file or obtain any patent, copyright or trademark covering any of Developments in my own name and I further agree to provide necessary assistance to protect, enforce or perfect CES's rights and interests in such patents, copyrights and trademarks.

3. I understand that this Agreement shall be governed by and construed in accordance with the laws of the State of Texas, without regards to its conflicts of laws rules.

AGREED TO AND ACCEPTED:

Employee's Name: Anthony Savoy

Employee's Signature: Anthony Savoy

Date: 11-19-08, 2008

ces12.sec/010804

Employee Confidentiality
And
Assignment Agreement
For Hourly Employees

I understand that CES Environmental Services Inc. ("CES") has developed and used and will be developing and using Confidential Information in connection with its business. "Confidential Information" includes, but is not limited to, information relating to its environmental waste disposal services and /or products business such as customer lists, supplier lists, cost structure, pricing policies, operational methods, technical processes and other business affairs and methods, plans for future developments and other information which is not readily available to the public. This information was developed and will be developed by CES at great expense and constitutes trade secrets of CES. To safeguard this Confidential Information, CES has instituted policies and procedures to protect such information.

In connection with my employment by CES, I will come into contact with such Confidential Information.

I understand that the Confidential Information is vital to the success of CES's business and, in consideration of my employment by CES and the consideration to be paid to me for my services, I state the following:

1. I agree that during and after my term of engagement with CES:
 - (a) I shall keep secret all Confidential Information and not reveal or disclose it to anyone outside of CES, except with CES's prior written consent;
 - (b) I shall not make use of any of such Confidential Information for my own purposes or the benefit of anyone other than CES; and
 - (c) I shall deliver promptly to CES, upon the termination of my engagement and at any time CES may so request, all software, data, memoranda, notes, records and other documents (and all copies thereof) constituting or relating to such Confidential Information which I may then possess.
2. I understand that this Agreement shall be governed by and construed in accordance with the laws of the State of Texas, without regards to its conflicts of laws rules.

AGREED TO AND ACCEPTED:

Employee's Name: Anthony SANDY

Employee's Signature: Anthony Sandy

Date: 11-19-08, 2008

ces12.sec/010804

EPAHO043001316

**Form I-9, Employment
Eligibility Verification**

Instructions

Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

Filling Out the Form I-9

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2, Employer: For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors. Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

Section 3, Updating and Reverification: Employers must complete Section 3 when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
 1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C);
 2. Record the document title, document number and expiration date (if any) in Block C, and
 3. Complete the signature block.

What Is the Filing Fee?

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, call our toll-free number at 1-800-870-3676. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our internet website at www.uscis.gov.

Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, and completing the form, 9 minutes; 2) assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

**EMPLOYERS MUST RETAIN COMPLETED FORM I-9
PLEASE DO NOT MAIL COMPLETED FORM I-9 TO ICE OR USCIS**

Form I-9 (Rev. 06/05/07) N Page 2

EPAHO043001318

Texas Star Network_{SM}

Information, Instructions and your Rights and Obligations

Dear Employee:

Your employer has chosen *Texas Star Network_{SM}* to manage the health care and treatment you may receive if you are injured at work. *Texas Star Network_{SM}* is a certified workers' compensation health care network. The state of Texas has approved this network to provide care for work related injuries. This program includes a network of health care providers who are trained in treating work related injuries. They are also trained in getting people back to work safely. The current *Texas Star Network_{SM}* service areas are shown on the enclosed map.

If you are injured at work, tell your supervisor or employer immediately. The enclosed information will help you to seek care for your injury. Also, your employer will help with any questions about how to get treatment through *Texas Star Network_{SM}*. You may also contact Texas Mutual Insurance Company for any questions about your care and treatment for a work related injury. Texas Mutual and your employer have formed a team to provide timely health care for injured workers. The goal is to return you to work as soon as it is safe to do so.

Your Rights and Obligations...

Choosing a Treating Doctor

If you are hurt at work and you live in the network service area, you must choose a treating doctor from the *Texas Star Network_{SM}* provider list. This is required for you to receive coverage of the costs for the care of your work related injury. A provider listing is available through our website at www.texasmutual.com. It is updated at least every three months. It identifies providers who are taking new patients.

You also have the option to choose your current health maintenance organization (HMO) primary care physician as the treating doctor for your workers' compensation claim. In order for your HMO doctor to be approved as your treating doctor, he/she must agree to the terms of the network contract, and to agree to abide by applicable laws and regulations. If your HMO doctor is not approved, then you must see a network treating doctor.

If you were injured before your insurer contracted with the network and you live in the service area, you must choose a network treating doctor. You may also request a doctor you chose as your HMO primary care doctor before you were hurt. You must do this upon receipt of this notice.

If your treating doctor leaves the network, we will tell you in writing. You will have the right to choose another treating doctor from the list of network doctors. If your doctor leaves the network

and you have a life threatening or acute condition for which a disruption of care would be harmful to you, your doctor may request that you treat with him or her for an extra 90 days.

If you believe you live outside of the service area, you may request a service area review by calling Texas Mutual Insurance Company. Within 7 days of receiving your request for review, we will tell you our decision. If you do not agree with our final decision you have the right to file a complaint with the Texas Department of Insurance. Your complaint must include your name, address, telephone number, a copy of the insurer's decision and any proof you sent to Texas Mutual Insurance Company for review. A complaint form is available on the department's web site at www.tdi.state.tx.us. You may also ask for a form by writing to the HMO Division, Mail Code 103-6A, Texas Department of Insurance, P. O. Box 149104, Austin, Texas 78714-9104.

While waiting for Texas Mutual Insurance Company to make a decision or the Texas Department of Insurance to review your complaint, you may choose to receive health care outside of the network. You may be required to pay for health care services received out of the network if it is finally decided that you do live in the network's service area.

Changing Doctors

If you become dissatisfied with your first choice of a treating doctor, you can select an alternate treating doctor from the list of network treating doctors in the service area where you live. *Texas Star Network_{SM}* will not deny a choice of an alternate treating doctor. Before you can change treating doctors a second time, you must get permission from *Texas Star Network_{SM}*.

Referrals

Health care services that you request will be made available on a timely basis as required by your medical condition. This includes referrals. Referrals will be made no more than 21 days after you make a request. You do not have to get a referral if you are in need of emergency care.

Payment for Health Care

Network doctors have agreed to look to Texas Mutual Insurance Company for payment for your health care. They will not look to you for payment. If you obtain health care from a doctor who is not in the network without prior approval from *Texas Star Network_{SM}*, you may have to pay for the cost of that care. You may only access non-network health care providers and still be eligible for coverage of your medical costs if one of the following situations occurs.

- Emergency care is needed. You should go to the nearest hospital or emergency care facility.
- You do not live within a *Texas Star Network_{SM}* service area.
- Your treating doctor refers you to an out of network provider or facility. This referral must be approved by *Texas Star Network_{SM}*.
- You have chosen your HMO primary care doctor. Your doctor must agree to abide by the network contract and applicable laws.

Complaints

You have the right to file a complaint with *Texas Star Network_{SM}*. You may do this if you are dissatisfied with any aspect of network operations. This includes a complaint about your network doctor. It may also be a general complaint about *Texas Star Network_{SM}*.

A complainant can notify the *Texas Star Network_{SM}* Grievance Coordinator of a complaint by phone or in writing via mail or fax. Complaints should be forwarded to:

Texas Star Network_{SM}
Attention: Grievance Coordinator
720 Cool Springs Boulevard, Suite 300
Franklin, TN 37067

Phone: (800) 873-0055 ext 4250
FAX: (615) 224-9129
E-mail: grievance_coordinator@concentra.com

A complaint must be filed with the network grievance coordinator no later than 90 days from the date the issue occurred.

Texas law does not permit *Texas Star Network_{SM}* to retaliate against you if you file a complaint against the network. *Texas Star Network_{SM}* also can not retaliate if you appeal the decision of the network. The law does not permit *Texas Star Network_{SM}* to retaliate against your treating doctor if he or she files a complaint against the network or appeals the decision of the network on your behalf. You have the right to file a complaint with the Texas Department of Insurance. The Texas Department of Insurance complaint form is available on the department's web site at www.tdi.state.tx.us or you may request a form by writing to:

HMO Division, Mail Code 103-6A,
Texas Department of Insurance,
P. O. Box 149104, Austin, Texas 78714-9104.

What to do if you are injured while on the job...

If you are injured while on the job tell your employer as soon as possible. A list of network treating doctors in your service area may be available from your employer. A complete list of network treating doctors is also available online at www.texasmutual.com. Or, you may contact us directly at the following address and/or toll-free telephone number:

Texas Star Network_{SM}
720 Cool Springs Boulevard
Suite 300
Franklin, TN 37067
(800) 873-0055

We will help you get an appointment with a network doctor.

In case of an emergency...

If you are hurt at work and it is a life threatening emergency, you should go to the nearest emergency room. If you are injured at work after normal business hours or while working outside your service area, you should go to the nearest care facility.

After you receive emergency care, you may need ongoing care. You will need to select a treating doctor from the network's provider list. This list is available online at www.texasmutual.com. If you do not have internet access call (800) 381-8067 or contact your employer for a list. The doctor you choose will oversee the care you receive for your work related injury. Except for emergency care you must obtain all health care and specialist referrals through your treating doctor.

Emergency care does not need to be approved in advance. "Medical emergency" is defined in Texas laws. It is a medical condition that comes up suddenly. There are acute symptoms that are severe enough that a reasonable person would believe that you need immediate care or you would be harmed. That harm would include your health or bodily functions being in danger or a loss of function of any body organ or part.

Non-emergency care...

Report your injury to your employer as soon as you can. Select a treating doctor from the network's provider list. This list is available online at www.texasmutual.com. If you do not have internet access, call (800) 381-8067 or contact your employer for a list.

Treatment prescribed by your doctor may need to be approved in advance. You or your doctor are required to request approval from Texas Mutual Insurance Company for a specific treatment or services before the treatment or service is provided. You may continue to need treatment after the approved treatment is provided. For example, you may need to stay more days in the hospital than what was first approved. If so, the added treatment must be approved in advance.



Universal Employee Mandates

Purpose:

These mandates have been established in an effort to establish overall guidelines and principles under which each CES employee should work. These requirements will help precipitate a harmonious and friendly working environment. The mandates also promote honesty and integrity while helping to ensure overall employee reliability and accountability. Ultimately, we seek to provide the most superior service in the environmental and industrial service business!

General Applicability:

Every CES employee is subject to these requirements

The Mandates:

- Employees must respect and be considerate of fellow workers, customers, vendors, etc.
- Employees must not fight or vigorously confront other employees
- Employees must not complain (it will not be tolerated). If an employee has a legitimate concern or issue, he or she should approach his or her direct manager concerning the issue and provide the manager with at least one possible solution to the issue.
- Employees should not engage in verbal, non-verbal, or physical abuse of fellow employees. Verbal abuse is spoken or written communication that does not respect the basic humanity and dignity of fellow employees or is intended to intimidate or degrade the employee. Non-verbal abuse includes gestures or body language, directed at a fellow employee, which is commonly understood to be derogatory and/or insulting. Physical abuse includes items such as hitting, kicking, pushing, or otherwise initiating physical contact with the body of a fellow employee to either intimidate or cause harm to the fellow employee.
- Each employee must follow the chain of command specified in the CES **Organizational Structure** (see **Standard Operating Procedure** titled Following the chain of Command)
- Employees must be punctual (i.e. employees should be at their designated work station, ready to work, at the designated time)
- Employees should have good attendance. Unexcused absences will not be tolerated.
- Employees who know they will be absent or late must notify their direct supervisor immediately upon confirmation of their situation (as defined in Employee Handbook)
- Alcohol, drugs, and firearms are not allowed on CES working property, customer's property, or vendor's property.
- Employees must perform their position responsibilities to the best of their ability
- Employees should do what must be done (as assigned), when it must be done (as designated), and with a positive and "can-do" attitude.
- Employees must not steal either property or time from the Company
- Employees must not lie on the job
- Employees must not engage in any illegal activities of any sort (on or off the clock)
- Employees will not discuss wages and salaries other than with their supervisors, through the Chain of Command. Wages and Salaries are individual issues and should be handled in confidence.
- Employees must follow all Company policies and procedures listed in the Company **Safety Policies Manual, Standard Operating Procedures Manual, Employee Handbook**, etc.

- Employees are responsible for all company property and equipment (either assigned or unassigned)
- Employees must not abuse Company property (all CES property should be used with care, the way it is designed to be used). Also concerning Company property, Employees must recognize and respect internal rights of use and ownership.
- Employees shall not inappropriately use company assets (e.g. use of company assets for personal gain, personal gratification). Company assets are to be used strictly for the benefit of the company unless specifically approved by the **President**.
- Confidential Information must be treated as proprietary and kept confidential. Confidential information includes, but is not limited to, the following: wages and salaries, client contacts and business relationships, company capabilities and direction, company financial information. Employees who become aware of such information must report the information to Upper Level Management immediately. Such information will be handled in the strictest of confidence by Upper Level Management. Failure to report such information will be considered collaboration of such activity.
- Racial or Sexual harassment of any sort is strictly prohibited: racial or sexual slurs or "jokes", sexually explicit "porn" magazines, sexually explicit activity on the computer/internet, fraternization (sexual or dating relationships between managers and subordinates in the same chain of command)

Received and understood by:

Date: 11-19-08


Anthony Z

Witnessed by:

Date: _____

PROPRIETARY and CONFIDENTIAL
Property of CES Environmental Services, Inc.

CES Company Policy

<u>THINK...</u> <u>USE GOOD</u> <u>JUDGMENT</u>	 CES Environmental Services, Inc.	<u>YOUR</u> <u>ATTITUDE</u> <u>COUNTS</u>
Date Issued: <u>07/31/2008</u>	DEPARTMENT(S): <u>-Transportation</u> <u>-Field Services</u>	Revised Date: <u>00/00/0000</u>
Policy Number: <u>08-061</u>	Policy Title: <u>Confidentiality Agreement of</u> <u>Company Business with</u> <u>Customers for Drivers and</u> <u>Field Services Personnel</u>	Policy Description: This Policy covers CES Environmental Services, Inc. Confidentiality Agreement that Drivers and Field Services Personnel will not release Company Business Information to Customers and or anyone outside the Company.

The purpose of this **CES Environmental Services, Inc. Policy** is for **CES Environmental Services, Inc. Drivers and Field Services Personnel** to acknowledge that in the course of his/her Employment with **CES Environmental Services, Inc.** all Company Business Information will be kept confidential and will not be revealed and or discussed to any **Customer(s)** and or anyone outside the Company.

This includes but is not limited to the following:

1. Manifest
2. Job Information Profile

Note: If the **CES Environmental Services, Inc. Employee** has any questions contact the **Logistics Supervisors**.

All CES Environmental Services, Inc. Business Information is to be considered highly confidential and by the Employee signing this Policy he/she agrees to abide by this Policy.

Employee Name: Anthony Savoy

Employee Signature: Anthony Savoy

Date: 11-19-08

Date: 11-19-08

CONFIDENTIALITY AND NON-COMPETE AGREEMENT

This Confidentiality and Non-Compete Agreement (this "Agreement"), is entered into by and between **CES Environmental Services, Inc.**, a Texas corporation (the "Company"), and Anthony SA-104 (the "Employee"). The Company and Employee may sometimes hereinafter be referred to singularly as a "Party" or collectively as the "Parties."

RECITALS:

WHEREAS, Employee is or will be an "at will" employee of the Company;

WHEREAS, Employee, in the course of his or her employment, will have access to certain confidential information and trade secrets relating to the operation, plans, products, and strategies of the Company;

WHEREAS, Employee recognizes the need for Employer to protect its interest in and to confidential information and trade secrets;

NOW, THEREFORE, for and in consideration of the Recitals, the continued at will employment of Employee by Employer, the mutual agreements specified herein, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged by each Party, the Company, and the Employee hereby agree as follows:

AGREEMENTS:

1. Competition. Employee agrees that until the termination of Employee's employment with the Company and thereafter to the extent specifically provided in this Agreement:
 - a. The Employee will not actively engage, directly or indirectly, in any other business except at the direction or approval of the Company.
 - b. The Employee will not engage, directly or indirectly, in any activity competitive with the business of the Company. This prohibition shall include the ownership, management, operation, or control of, or employment by, or participation in, or connection with the management, ownership, operation, or control of, in any manner, any business of the type and character engaged in by the Company. Notwithstanding the foregoing, the Employee may make or maintain an investment not to exceed five percent (5%) of the capital stock of any publicly traded company that competes with the Company.
2. Post Termination Covenant Not to Compete. The Employee recognizes that the Company has business goodwill and other legitimate business interests which must be protected in connection with and in addition to the Information (as hereinafter defined), and therefore, in exchange for access to the Information, the specialized training and instruction which the Company will provide, the Company's agreement to employ the Employee on the terms and conditions set forth herein and the promotion and advertisement by the Company of the Employee's skill, ability, and value in the Company's business, the Employee agrees that in the event the employment relationship between the Company and Employee is terminated by any cause or for any reason, then for a period of **eighteen (18) months** after the date employment is so terminated:

- a. Subject to customer limitation detailed in paragraph (b) of this section, Employee will not in any capacity or relationship enter into, engage in, or be connected with any business or business operation or activity which is in direct competition, in whole or in part, with the Business of the Company (as defined hereinafter). For purposes of this Agreement, the "Business of the Company" shall be defined as the current business of the Company, including, but not limited to the following:
 - i. Transportation and disposal of Hazardous and Non-Hazardous Industrial waste
 - ii. Off-site disposal and/or cleanup of customer land, facilities, or equipment (field services)
 - iii. Tank wash services
 - iv. Management services for disposal and/or remarketing of products, co-products, and waste.
 - v. Recycling of products, co-products, and/or waste.
 - vi. Waste classification and consulting services.
- b. The Employee will not call upon any person that is a customer of the Company at the time of the termination of the Employee's employment, for the purpose of selling or attempting to sell to any such customer any services or products similar to those offered by the Company from time to time; and
- c. The Employee will not intentionally divert, solicit, or take away any customer, supplier, or employee of the Company, or the patronage of any customer or supplier of the Company, or otherwise interfere with or disturb the relationship existing between the Company and any of its respective customers, suppliers or employees, directly or indirectly.

It is mutually understood and agreed that if any of the provisions relating to the scope, time or territory in this Section 2 are more extensive than is enforceable under applicable laws or are broader than necessary to protect the good will and legitimate business interests of the Company, then the Parties agree that they will reduce the degree and extent of such provisions by whatever minimal amount is necessary to bring such provisions within the ambit of enforceability under applicable law.

The Parties acknowledge that the remedies at law for a breach or threatened breach by the Employee of the Employee's covenants contained in this Section 11 are inadequate, and they agree that the Company, in addition to any other remedies available to it for such breach or threatened breach, including the recovery of damages, shall be entitled, at its election, to temporary or permanent injunctive relief restraining the Employee from such conduct and to specific performance of said covenants. If a bond is required to be posted in order for the Company to secure an injunction, the Parties stipulate that a bond in the amount of \$1,000 would be sufficient in all circumstances to protect the rights of the Parties.

3. Business Opportunities. For as long as the Employee shall be employed by the Company and thereafter with respect to any business opportunities learned about during the time of the Employee's employment by the Company, the Employee agrees that with respect to any future business opportunity or other new and future business proposal which is offered to, or comes to the attention of, the Employee and which is in any way related to, or connected with, the Business of the Company, the Company shall have the right to take advantage of such business opportunity or other business proposal for its own benefit. The Employee agrees to promptly deliver notice to the Management in writing of the existence of such opportunity or proposal and

the Employee may take advantage of such opportunity only if the Management notifies the Employee in writing that the Management is not electing to exercise its right to take advantage of such opportunity.

4. Confidential Information. The Employee acknowledges that in the course of Employee's employment with the Company, Employee may receive certain trade secrets, know-how, lists of customers, employee records, strategic planning, product strategies, marketing strategies, financial information, and other confidential information and knowledge concerning the Business of the Company (hereinafter collectively referred to as "Information") which the Company desires to protect. The Employee understands that such Information is confidential and Employee agrees that Employee will not reveal such Information to anyone outside the Company. The Employee further agrees Employee will not use such Information in competing with the Company. Upon termination of Employee's employment hereunder, the Employee shall surrender to the Company all papers, documents, writings and other property produced by him or coming into Employee's possession by or through Employee's employment hereunder and relating to the information referred to in this Section 4, which are not general knowledge in the industry, and the Employee agrees that all such materials will at all times remain the property of the Company.
5. Specific Performance. The Employee acknowledges that a remedy at law for any breach or threatened breach of this Agreement will be inadequate and violations of the covenants by the Employee will result in immediate and irreparable damage to the Company and they agree that in the event of an actual or threatened breach of the provisions of this Agreement by the Employee, the Company, in addition to any other remedies available to it for such breach or threatened breach, including the recovery of damages, shall be entitled to temporary or permanent injunctive relief restraining the Employee from such conduct. If a bond is required to be posted in order for the Company to secure an injunction, the Parties stipulate that a bond in the amount of \$1,000 would be sufficient in all circumstances to protect the rights of the Parties.
6. "At Will" Employment Relationship. Neither this Agreement nor any term or provision of this Agreement shall be construed to alter the "at will" employment relationship between the Company and the Employee, and the Employee may be terminated at any time by the Company for any reason, with or without cause.
7. "Works for Hire": All work which I create in connection with my engagement shall be considered to be "works made for hire" under the U.S. Copyright Act, 17 U.S.C. Sections 101 et seq. In the event a work is not construed to be a work made for hire, I assign, and will assign to CES all my rights and interests in any developments, design, inventions, improvements, trade secrets, trademarks, copyrightable subject matter or proprietary information which I have made or conceived, or may make or conceive, either solely or jointly with others and either on or off CES's premises, (a) while providing services to CES, (b) with the use of the time, materials or facilities of CES, (c) relating to any product, service or activity of CES of which I have knowledge or (d) suggested by or resulting from any work performed by me for CES (the "Developments"). I agree that I have no proprietary interest in any Developments, including any patent, copyright, trademark and trade secret rights. Any and all programs, inventions and other works of authorship developed by me while performing services for CES are created for and owned exclusively by CES. I agree that I shall sign any papers necessary for patents, copyrights or trademarks to conform and protect the interest of CES, in the Developments and that I shall

not register, file or obtain any patent, copyright or trademark covering any of Developments in my own name and I further agree to provide necessary assistance to protect, enforce or perfect CES's rights and interests in such patents, copyrights and trademarks.

8. Governing Law: This Agreement shall be construed and enforced in accordance with and governed by the laws of the State of Texas. Any litigation between or among the Parties with respect to the subject matter of this Agreement shall take place in the appropriate federal or state district courts located in Harris County, Texas, and each Party hereby irrevocably submits to the personal jurisdiction of such courts.
9. Parole Evidence. This Agreement constitutes the sole and complete agreement between the Parties hereto, and no verbal or other statements, inducements, or representations have been made to or relied upon by either Party, and no modification hereof shall be effective unless in writing signed and executed in the same manner as this Agreement.
10. Waiver. Any waiver to be enforceable must be in writing and executed by the Party against whom the waiver is sought to be enforced.
11. Attorney's Fees. If any litigation is instituted to enforce or interpret the provisions of this Agreement or the transactions described herein, the prevailing Party in such action shall be entitled to recover its reasonable attorneys' fees from the other Party hereto.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement as of the ____ day of _____, 200__.

COMPANY:

CES Environmental Services, Inc.,
a Texas corporation

By: _____
Name: _____
Title: _____

EMPLOYEE:

Name: Anthony Savoy

Employee Confidentiality
And
Assignment Agreement
For Salary Employees

I understand that CES Environmental Services Inc. ("CES") has developed and used and will be developing and using Confidential Information in connection with its business. "Confidential Information" includes, but is not limited to, information relating to its environmental waste disposal services and /or products business such as customer lists, supplier lists, cost structure, pricing policies, operational methods, technical processes and other business affairs and methods, plans for future developments and other information which is not readily available to the public. This information was developed and will be developed by CES at great expense and constitutes trade secrets of CES. To safeguard this Confidential Information, CES has instituted policies and procedures to protect such information.

In connection with my employment by CES, I will come into contact with such Confidential Information.

I understand that the Confidential Information is vital to the success of CES's business and, in consideration of my employment by CES and the consideration to be paid to me for my services, I state the following:

1. I agree that during and after my term of engagement with CES:
 - (a) I shall keep secret all Confidential Information and not reveal or disclose it to anyone outside of CES, except with CES's prior written consent;
 - (b) I shall not make use of any of such Confidential Information for my own purposes or the benefit of anyone other than CES; and
 - (c) I shall deliver promptly to CES, upon the termination of my engagement and at any time CES may so request, all software, data, memoranda, notes, records and other documents (and all copies thereof) constituting or relating to such Confidential Information which I may then possess.
2. All work which I create in connection with my engagement shall be considered to be "works made for hire" under the U.S. Copyright Act, 17 U.S.C. Sections 101 et seq. In the event a work is not construed to be a work made for hire, I assign, and will assign to CES all my rights and interests in any developments, design, inventions, improvements, trade secrets, trademarks, copyrightable subject matter or proprietary information which I have made or conceived, or may make or conceive, either solely or jointly with others and either on or off CES's premises, (a) while providing services to CES, (b) with the use of the time, materials or facilities of CES, (c) relating to any product, service or activity of CES of which I have knowledge or (d) suggested by or resulting from any work performed by me for CES (the "Developments"). I agree that I have no proprietary interest in any Developments, including any patent, copyright, trademark and trade secret rights.

Any and all programs, inventions and other works of authorship developed by me while performing services for CES are created for and owned exclusively by CES. I agree that I shall sign any papers necessary for patents, copyrights or trademarks to conform and protect the interest of CES, in the Developments and that I shall not register, file or obtain any patent, copyright or trademark covering any of Developments in my own name and I further agree to provide necessary assistance to protect, enforce or perfect CES's rights and interests in such patents, copyrights and trademarks.

3. I understand that this Agreement shall be governed by and construed in accordance with the laws of the State of Texas, without regards to its conflicts of laws rules.

AGREED TO AND ACCEPTED:

Employee's Name: Anthony SAVOY

Employee's Signature: Anthony Savoy

Date: 11-19-08, 2008

ces12.sec/010804

Employee Confidentiality
And
Assignment Agreement
For Hourly Employees

I understand that CES Environmental Services Inc. ("CES") has developed and used and will be developing and using Confidential Information in connection with its business. "Confidential Information" includes, but is not limited to, information relating to its environmental waste disposal services and /or products business such as customer lists, supplier lists, cost structure, pricing policies, operational methods, technical processes and other business affairs and methods, plans for future developments and other information which is not readily available to the public. This information was developed and will be developed by CES at great expense and constitutes trade secrets of CES. To safeguard this Confidential Information, CES has instituted policies and procedures to protect such information.

In connection with my employment by CES, I will come into contact with such Confidential Information.

I understand that the Confidential Information is vital to the success of CES's business and, in consideration of my employment by CES and the consideration to be paid to me for my services, I state the following:

1. I agree that during and after my term of engagement with CES:
 - (a) I shall keep secret all Confidential Information and not reveal or disclose it to anyone outside of CES, except with CES's prior written consent;
 - (b) I shall not make use of any of such Confidential Information for my own purposes or the benefit of anyone other than CES; and
 - (c) I shall deliver promptly to CES, upon the termination of my engagement and at any time CES may so request, all software, data, memoranda, notes, records and other documents (and all copies thereof) constituting or relating to such Confidential Information which I may then possess.
2. I understand that this Agreement shall be governed by and construed in accordance with the laws of the State of Texas, without regards to its conflicts of laws rules.

AGREED TO AND ACCEPTED:

Employee's Name: Anthony Savoy

Employee's Signature: Anthony Savoy

Date: 11-19-2008, 2008

ces12.sec/010804

EPAHO043001332



Important Notice

This plan is intended to comply with the provisions described in Section 404(c) of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The regulations under ERISA Section 404(c) provide that if your employer gives you the opportunity to exercise control over assets in your individual account and choose from a broad range of investment alternatives, then the employer, who is a fiduciary, may be relieved of liability for any losses that result from your own investment instructions. You, in turn, are responsible for the investment performance of your plan account. To satisfy this requirement, the employer is required to provide you with, or give you the opportunity to obtain, sufficient information to make informed decisions with regard to investment alternatives under the plan.

You will receive a fund fact sheet and your plan sponsor can provide prospectuses for each fund offered in the plan. The fund fact sheets are enclosed in your enrollment book and describe the investment objective, performance and strategy for each fund. It also discusses the type and diversification of assets that make up the fund's investment portfolio. The prospectus discloses all pertinent information about a fund including information concerning the fees and expenses associated with the fund. You should review all material regarding your plan carefully before investing money in your plan. If you have any questions, please contact your plan sponsor.

I acknowledge that my employer intends to comply with the provisions in Section 404(c) of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

I have been informed that Matt Bowman and Greg Bowman will assume the role of the fiduciary for the CES Environmental Services, INC. 401k and Profit Sharing Plan.

I have been given a copy of the Investment Policy Statement, Summary Plan Description, Summary of Material Modifications(4), descriptions of each investment option including all fees and expenses charged to participants under each option, and am aware that I may request a prospectus for each investment offered in the plan.

I have been instructed on how to select investments and how to change investment selections of my choice online or over the phone, and understand I will have access to regular account statements.

A handwritten signature in black ink, appearing to read 'Anthony Savoy', is written over a horizontal line.

Signature

Anthony SAVOY

Printed Name

11-19-08

Date

Employee's Safety Supply List

Date: 11-19-08

Employee's Name:

Please initial next to the safety supplies you have been issued.

<input checked="" type="checkbox"/>	Hard Hat	
<input checked="" type="checkbox"/>	Safety Glasses	
<input type="checkbox"/>	Goggles	
<input type="checkbox"/>	Ear Plugs	
<input type="checkbox"/>	Respirator	
<input type="checkbox"/>	Nomex Suit	
<input type="checkbox"/>	Rain Suit	
<input checked="" type="checkbox"/>	Rubber Boots	Size <u>10</u>
<input type="checkbox"/>	Safety Harness	
<input type="checkbox"/>	Rubber Gloves	
<input type="checkbox"/>	Face Shield and Bracket	

As an employee of CES you are responsible for the safety supplies you have been issued.

Employee Signature

Anthony Savoy

CONFIDENTIAL
EMPLOYEE HISTORY

Port Arthur

9/25/08
Start date

Employee Name				Employee #		Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary (Seasonal)		<input type="checkbox"/> Part Time <input type="checkbox"/> On Call		Security Clearance Level Date Granted																											
Social Security No.		Date of Birth		Marital Status		Sex	Employment Date		Prior Employment <input type="checkbox"/> Yes <input type="checkbox"/> No		I-9 Documentation Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No																										
Address				City		State		Zip		Telephone																											
Change Date	Address Change			City		State		Zip		Telephone																											
Change Date	Address Change			City		State		Zip		Telephone																											
Change Date	Address Change			City		State		Zip		Telephone																											
Years of Service	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37

IN CASE OF EMERGENCY — CONTACT:

Name		Relationship		Telephone No.		Address	
Name		Relationship		Telephone No.		Address	
Doctor		Telephone No.		Address			
Emergency Medical Information: Refer to employee's Confidential Medical Information File for emergency care information.							

TAX INFORMATION

OTHER DEDUCTIONS

Federal (W-4) Exemptions				State/City Exemptions				Type	Credit Union	Christmas Club	Additional Ins.	Other Medical	Employee Fund
No.								Amt.					
Date								Date					

HOURS WORKED PER PAY PERIOD

Daily:				Weekly:			
--------	--	--	--	---------	--	--	--

BENEFITS INFORMATION

Insurance	Premium	Employee Contribution	Employer Contribution	Date Eligible	Date Enrolled	Date Withdrawn	Retirement	Employee Contribution	Employer Contribution	Date Eligible	Date Enrolled	Date Withdrawn
Medical - self							Co. Pension					
Medical - family							Union Pension					
Dental							401(K)					
Eyecare							Other					
Disability							Options	Employee Contribution	Employer Contribution	Date Eligible	Date Enrolled	Date Withdrawn
Life							Profit Sharing					
							Stock Plan					
							Union					
							Credit Union					
							Other					

HMO INFORMATION

Plan Name		Doctor		Co-Pay		Prescriptions		Co-Pay		Note	
-----------	--	--------	--	--------	--	---------------	--	--------	--	------	--

PRIOR HEALTH INSURANCE COVERAGE

<input type="checkbox"/> Certificate Requested	Comments:										
<input type="checkbox"/> Certificate Presented	Such Certificates Should Be Kept in this File.										

This file should be used in conjunction with the Medical Information File to maintain such information separately as required by the FMLA and ADA.

Employee Name

Suzi Mock

Employee Number

OTHER INFORMATION

[illegible]

FDS 6/2/00
O-G

Rev. 3/07

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EPAHQ043001336



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Central File Maintenance

P.O. BOX 12048

AUSTIN, TX 78711-2048

RECEIVED

BY:-----

**OFFICE OF THE ATTORNEY GENERAL
STATE OF TEXAS**

CHILD SUPPORT DIVISION

GREG ABBOTT

Attorney General

#BWNNGDD

#0273 4559 668#

CES ENVIRONMENTAL SERVICES INC

4904 GRIGGS RD

HOUSTON, TX 77021-3208

Date: **October 08, 2008**Custodial Parent: **(b) (6)**Non-Custodial Parent: **SUZI CABRERA**Attorney General Case #: **0010146695**Cause #: **B020319D**

ATTN:

RE: **SUZI ANN CABRERA**

Dear Employer:

Enclosed please find an Order/Notice to Withhold Income for Child Support (Administrative Writ of Withholding).

You are required to begin withholding from your employee's disposable earnings no later than the first pay period following the date this document is received by you, and pay all amounts withheld on each regular pay day, according to the terms of the Order/Notice [Texas Family Code §158.202].

If the employee's obligation changes in the future, another Order/Notice for the new amount will be sent to you.

For questions you have regarding the Order/Notice or electronic payment options, please access the Employer Handbook online at <http://www.oag.state.tx.us> or contact us at 1-800-850-6442.

Sincerely,

WILLIAM BOYD**CHILD SUPPORT UNIT 0505E****2300 HWY 365 STE 500****P O BOX 1916****NEDERLAND, TX 77627-1916****(409) 724-1547**

Enclosures

*Completed/added
10/16/08*

EPAHO043001337

☒ **ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT
ADMINISTRATIVE WRIT OF WITHHOLDING**
☐ **NOTICE OF AN ORDER TO WITHHOLD INCOME FOR CHILD SUPPORT**

☐ Original ☒ Amended ☐ Termination Date: 10/8/2008

☐ State/Tribe/Territory Texas

City/Co./Dist./Reservation 163RD JUDICIAL DISTRICT COURT ORANGE COUNTY

☐ Non-Governmental entity or Individual

Case Number (b) (6)

CES ENVIRONMENTAL SERVICES INC

Employer's/Withholder's Name

4904 GRIGGS RD

HOUSTON TX 77021-3208-04

Employer's/Withholder's Address

RE: (b) (6)

Employee's/Obligor's Name (Last, First, MI)

(b) (6)

Employee's/Obligor's Social Security Number

(b) (6)

Employee's/Obligor's Case Identifier

(b) (6)

Obligee's Name (Last, First, MI)

(b) (6)

Employer/Withholder's Federal EIN Number: if known

ORDER INFORMATION: This document is based on the support or withholding order from TX.
You are required by law to deduct these amounts from the employee's/obligor's income until further notice.

\$ <u>(b) (6)</u>	Per <u>monthly</u>	current child support
\$ <u>(b) (6)</u>	Per <u>monthly</u>	past-due child support - Arrears 12 weeks or greater? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
\$ <u>(b) (6)</u>	Per <u>monthly</u>	current cash medical support
\$ <u>(b) (6)</u>	Per <u>monthly</u>	past-due cash medical support
\$ <u>(b) (6)</u>	Per _____	spousal support
\$ _____	Per _____	past-due spousal support
\$ _____	Per _____	other (specify) _____
for a total of \$ <u>(b) (6)</u>	Per <u>monthly</u>	to be forwarded to the payee below.

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ <u>(b) (6)</u>	per weekly pay period.	\$ <u>(b) (6)</u>	per semimonthly pay period (twice a month).
\$ <u>(b) (6)</u>	per biweekly pay period (every two weeks).	\$ <u>(b) (6)</u>	per monthly pay period.

REMITTANCE INFORMATION: When remitting payment, provide the pay date/date of withholding and the case identifier. If the employee's/obligor's principal place of employment is Texas, begin withholding no later than the first pay period following the date on which this Order/Notice was delivered to the employer. Send payment on the same day of the pay date/date of withholding. The total withheld amount, including your fee, cannot exceed the lesser of the applicable CCPA % or, for a Texas employee, the state limit of 50% of the employee's/obligor's aggregate disposable weekly earnings.

If the employee's/obligor's principal place of employment is not Texas, for limitations on withholding, applicable time requirements, and any allowable employer fees, follow the laws and procedures of the employee's/obligor's principal place of employment (see #3 and #9, ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS).

Make check payable to (Payee and Case Identifier):

Send check to: **TX CHILD SUPPORT SDU**

OFFICE OF THE ATTORNEY GENERAL

AG Case # (b) (6)

Cause # **B020319D**

**P O BOX 659791
SAN ANTONIO TX 78265-9791**

If remitting payment by EFT/EDI, call 1 (877) 474-4463 before first submission. Use this FIPS code: _____

Bank routing number: _____ Bank account number: _____

If this is an Order/Notice to Withhold:

If this is a Notice of an Order to Withhold:

Print Name: Alicia G. Key:

Print Name: _____

Title of Issuing Official: Deputy Attorney General for Child Support

Title (if appropriate) _____

Alicia M. Key

Signature and Date _____

☐ Attorney ☐ Individual ☐ Private Entity

Signature and Date 10/08/2008

☒ IV-D Agency ☐ Court

☐ Attorney with authority under state law to issue order/notice.

NOTE: Non-IV-D Attorneys, individuals, and non-governmental entities must submit a Notice of an Order to Withhold and include a copy of the income withholding order unless, under a state's law, an attorney in that state may issue an income withholding order. In that case, the attorney may submit an Order/Notice to Withhold and include a copy of the state law authorizing the attorney to issue an income withholding order/notice.

FS: 273455966

IMPORTANT: The person completing this form is advised that the information on this form may be shared with the obligor.
April 2007 000262

OMB: 0970-0154
Form 3N001

EPAHO043001338



FS: 273459226

Central File Maintenance

P.O. BOX 12048

AUSTIN, TX 78711-2048

RECEIVED

BY: _____

OFFICE OF THE ATTORNEY GENERAL
STATE OF TEXAS

CHILD SUPPORT DIVISION

GREG ABBOTT

Attorney General

#BWNNGDD

#0273 4592 266#

CES ENVIRONMENTAL SERVICES INC

4904 GRIGGS RD

HOUSTON, TX 77021-3208

Date: **October 08, 2008**Custodial Parent: **(b) (6)**Non-Custodial Parent: **SUZI CABRERA**Attorney General Case #: **0011406785**Cause #: **B020319-D**

ATTN:

RE: **SUZI ANN CABRERA**

Dear Employer:

Enclosed please find an Order/Notice to Withhold Income for Child Support (Administrative Writ of Withholding).

You are required to begin withholding from your employee's disposable earnings no later than the first pay period following the date this document is received by you, and pay all amounts withheld on each regular pay day, according to the terms of the Order/Notice [Texas Family Code §158.202].

If the employee's obligation changes in the future, another Order/Notice for the new amount will be sent to you.

For questions you have regarding the Order/Notice or electronic payment options, please access the Employer Handbook online at <http://www.oag.state.tx.us> or contact us at 1-800-850-6442.

Sincerely,

WILLIAM BOYD**CHILD SUPPORT UNIT 0505E****2300 HWY 365 STE 500****P O BOX 1916****NEDERLAND, TX 77627-1916****(409) 724-1547**

Enclosures

Completed/added
10/10/08

☒ **ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT**
ADMINISTRATIVE WRIT OF WITHHOLDING
☐ **NOTICE OF AN ORDER TO WITHHOLD INCOME FOR CHILD SUPPORT**

☐ Original ☒ Amended ☐ Termination Date: 10/8/2008

☐ State/Tribe/Territory Texas

City/Co./Dist./Reservation 163RD JUDICIAL DISTRICT COURT ORANGE COUNTY

☐ Non-Governmental entity or Individual

Case Number B020319-D

CES ENVIRONMENTAL SERVICES INC

Employer's/Withholder's Name

4904 GRIGGS RD

HOUSTON TX 77021-3208-04

Employer's/Withholder's Address

RE: CABRERA SUZI ANN

Employee's/Obligor's Name (Last, First, MI)

(b) (6)

Employee's/Obligor's Social Security Number

0011406785

Employee's/Obligor's Case Identifier

(b) (6)

Obligee's Name (Last, First, MI)

(b) (6)

Employer/Withholder's Federal EIN Number: if known

ORDER INFORMATION: This document is based on the support or withholding order from TX.
You are required by law to deduct these amounts from the employee's/obligor's income until further notice.

\$ (b) (6)	Per <u>monthly</u>	current child support
\$ (b) (6)	Per <u>monthly</u>	past-due child support - Arrears 12 weeks or greater? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
\$ (b) (6)	Per <u>monthly</u>	current cash medical support
\$ (b) (6)	Per <u>monthly</u>	past-due cash medical support
\$ (b) (6)	Per _____	spousal support
\$ (b) (6)	Per _____	past-due spousal support
\$ (b) (6)	Per _____	other (specify) _____
for a total of \$ (b) (6)	Per <u>monthly</u>	to be forwarded to the payee below.

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ (b) (6)	per weekly pay period.	\$ (b) (6)	per semimonthly pay period (twice a month).
\$ (b) (6)	per biweekly pay period (every two weeks).	\$ (b) (6)	per monthly pay period.

REMITTANCE INFORMATION: When remitting payment, provide the pay date, withholding and the case identifier. If the employee's/obligor's principal place of employment is Texas, begin withholding no later than the first pay period following the date on which this Order/Notice was delivered to the employer. Send payment on the same day of the pay date/date of withholding. The total withheld amount, including your fee, cannot exceed the lesser of the applicable CCPA % or, for a Texas employee, the state limit of 50% of the employee's/obligor's aggregate disposable weekly earnings.

If the employee's/obligor's principal place of employment is not Texas, for limitations on withholding, applicable time requirements, and any allowable employer fees, follow the laws and procedures of the employee's/obligor's principal place of employment (see #3 and #9, **ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS**).

Make check payable to (Payee and Case Identifier):

Send check to: **TX CHILD SUPPORT SDU**

OFFICE OF THE ATTORNEY GENERAL

P O BOX 659791

AG Case # 0011406785

SAN ANTONIO TX 78265-9791

Cause # B020319-D

If remitting payment by EFT/EDI, call 1 (877) 474-4463 before first submission. Use this FIPS code: _____

Bank routing number: _____ Bank account number: _____

If this is an Order/Notice to Withhold:

Print Name: Alicia G. Key:

Title of Issuing Official: Deputy Attorney General for Child Support

Alicia G. Key

Signature and Date 10/08/2008

☒ IV-D Agency ☐ Court

☐ Attorney with authority under state law to issue order/notice.

If this is a Notice of an Order to Withhold:

Print Name: _____

Title (if appropriate) _____

Signature and Date _____

☐ Attorney ☐ Individual ☐ Private Entity

NOTE: Non-IV-D Attorneys, individuals, and non-governmental entities must submit a Notice of an Order to Withhold and include a copy of the income withholding order unless, under a state's law, an attorney in that state may issue an income withholding order. In that case, the attorney may submit an Order/Notice to Withhold and include a copy of the state law authorizing the attorney to issue an income withholding order/notice.



FS: 273459226

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

☐ If checked, you are required to provide a copy of this form to your employee/obligor. If your employee works in a state that is different from the state that issued this order, a copy must be provided to your employee/obligor even if the box is not checked.

1. **Priority:** Withholding under this Order or Notice has priority over any other legal process under state law (or tribal law, if applicable) against the same income. If there are federal tax levies in effect, please notify the contact person listed below. (See 10 below.)
2. **Combining Payments:** You can combine withheld amounts from more than one employee's/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.
3. **Reporting the Paydate/Date of Withholding:** You must report the paydate/date of withholding when sending the payment. The paydate/date of withholding is the date on which the amount was withheld from the employee's wages. You must comply with the law of the state of employee's/obligor's principal place of employment with respect to the time periods within which you must implement the withholding and forward the support payments.
4. **Employee/Obligor with Multiple Support Withholdings:** If there is more than one Order or Notice against this employee/obligor and you are unable to honor all support Orders or Notices due to federal, state, or tribal withholding limits, you must follow the state or tribal law/procedure of the employee's/obligor's principal place of employment. You must honor all Order or Notices to the greatest extent possible. (See 9 below.)
5. **Termination Notification:** You must promptly notify the Child Support Enforcement (IV-D) Agency and/or the contact person listed below when the employee/obligor no longer works for you. Please provide the information requested and return a complete copy of this Order or Notice to the Office of the Attorney General, Child Support Division, Central File Maintenance, P O Box 12048, Austin, TX 78711-2048; and/or the contact person listed below. (See 10 below.) You may submit the termination online via the Internet at <http://employer.oag.state.tx.us>.

THE EMPLOYEE/OBLIGOR NO LONGER WORKS FOR: _____

EMPLOYEE'S/OBLIGOR'S NAME: SUZI ANN CABRERA

CASE IDENTIFIER: AG # 0011406785

DATE OF SEPARATION FROM EMPLOYMENT: _____

LAST KNOWN ADDRESS: _____

NEW EMPLOYER/ADDRESS: _____

6. **Lump Sum Payments:** You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the Child Support Enforcement (IV-D) Agency.
7. **Liability:** If you have any doubts about the validity of the Order or Notice, contact the agency or person listed below under 10. If you fail to withhold income as the Order or Notice directs, you are liable for both the accumulated amount you should have withheld from the employee's/obligor's income and any other penalties set by state or tribal law/procedure.
8. **Anti-discrimination:** You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of a child support withholding.
9. **Withholding Limits:** For state orders, you may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. §1673 (b)); or 2) the amounts allowed by the state of the employee's/obligor's principal place of employment. The federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as: state, federal, local taxes, Social Security taxes, statutory pension contributions, and Medicare taxes. The Federal CCPA limit is 50% of the ADWE for child support and alimony, which is increased by 1) 10% if the employee does not support a second family; and/or 2) 5% if arrears greater than 12 weeks.

For tribal orders, you may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers who receive a state order, you may not withhold more than the amounts allowed under the law of the state that issued the order.

Child(ren)'s Name(s)

JAVIER PALACIOS, JR.

10. If you or your employee/obligor have any questions, contact: **WILLIAM BOYD** at **CHILD SUPPORT UNIT 0505E, 2300 HWY 365 STE 500, P O BOX 1916, NEDERLAND, TX, 77627-1916**, by telephone at (409) 724-1547, by Fax at (409) 721-9816 or by Internet for employees at <http://childsupport.oag.state.tx.us> or for employers at <http://employer.oag.state.tx.us/>.

FS: 273459226

EPAHO043001341



12/10/2008

RE: Group Number: 11000108

Enrollee's Name: Suzi Mock

CES Environmental
Attn: Anissa Wright
4904 Griggs Road
Houston, TX 77021

We are unable to process your request due to one or more of the following reasons:

- ☐ **GROUP NAME and GROUP NUMBER** needed: _____
- ☐ A **CORRECT ADDRESS** is needed for employee named above.
- ☐ An **ENROLLMENT CARD** for each new employee is needed.
- ☐ Your **OPEN ENROLLMENT PERIOD** has passed. Your next open enrollment period is ____/____/____. Please resubmit your request at that time. **If there has been a qualifying change event please provide explanation and date of event; otherwise the member will not be re-enrolled for two years.** (Please return form to accept penalty)
- ☒ Date **FULL-TIME EMPLOYMENT** began: 9/25/08
- ☐ **EFFECTIVE DATE** does not seem correct. Your new hire waiting period is ____ days and your next open enrollment period is ____/____/____. **If there has been a qualifying change event please provide explanation and date of event.**
- ☐ We are unable to terminate coverage on the date you requested. Our policy is to allow 30 days from the date of termination to receive change notice. We will terminate coverage on ____/____/____.
- ☐ We are unable to terminated coverage on the date you requested. We have processed claims for dates of service in the month of _____. We will terminate coverage on ____/____/____.
- ☐ **ILLEGIBLE** – please resubmit.
- ☐ **More Information/Explanation**
Required: _____

We DO NOT accept employee **STATUS CHANGES ON BILLING STATEMENT** or from letters. All changes must be made on an **Employee Change Form**. We have enclosed a copy for your use. Feel free to make your own copies or call us for additional forms or you can find them online at www.dentalselect.com. **If applicable, please return any included forms with the requested information or documents to:**

Dental Select
Eligibility Department
5373 S Green Street, Ste 400
Salt Lake City, UT 84123

If you have any questions or need further assistance, please call Member Services at: (801) 495-3000 or (800) 999-9789. Forms may be faxed to Eligibility at (801) 290-5101 or (888) 998-8704.

Eligibility Department
Dental Select

EPAHO043001342

Texas Group Enrollment Card

Employee Information - Must be Completed in FULL

Last Name Mock	First Name Suzi	Middle Initial A
Street Address (b) (6)		
City/State/Zip (b) (6)		
Date of Birth (b) (6)		SSN (b) (6)
Marital Status Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Sex Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>		
Employers Full Name CES Enviromental Svc. Houston, TX		
Employers Address CES Enviromental Svc. Houston, TX		
<input checked="" type="checkbox"/> New Enrollee <input type="checkbox"/> Change		
Group Number 11000108		
Effective Date 12/01/08		
Date of Hire (Required) 9/25/08		

Select One:

FOR DENTAL:

- ☒ Employee Only
☐ Employee & Child(ren)
☐ Employee & Spouse
☐ Employee & Family

FOR VISION:

- ☒ Employee Only
☐ Employee & Child(ren)
☐ Employee & Spouse
☐ Employee & Family

Texas Group Enrollment Card (cont.)

Individuals Covered - List individuals for whom you are enrolling or adding/removing coverage.

Spouse Name- (Last, First, MI)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	SSN	DOB MM/DD/YYYY	Dental <input type="checkbox"/> Enroll <input type="checkbox"/> Decline	Covered by other DENTAL Insurance? Carrier Name Effective Date Policy Holder	Vision <input type="checkbox"/> Enroll <input type="checkbox"/> Decline
Child Name- (Last, First, MI)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	SSN	DOB MM/DD/YYYY	Dental <input type="checkbox"/> Enroll <input type="checkbox"/> Decline	Covered by other DENTAL Insurance? Carrier Name Effective Date Policy Holder	Vision <input type="checkbox"/> Enroll <input type="checkbox"/> Decline
Child Name- (Last, First, MI)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	SSN	DOB MM/DD/YYYY	Dental <input type="checkbox"/> Enroll <input type="checkbox"/> Decline	Covered by other DENTAL Insurance? Carrier Name Effective Date Policy Holder	Vision <input type="checkbox"/> Enroll <input type="checkbox"/> Decline
Child Name- (Last, First, MI)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	SSN	DOB MM/DD/YYYY	Dental <input type="checkbox"/> Enroll <input type="checkbox"/> Decline	Covered by other DENTAL Insurance? Carrier Name Effective Date Policy Holder	Vision <input type="checkbox"/> Enroll <input type="checkbox"/> Decline

Attach additional sheets if necessary.

Covered by other DENTAL insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Other Dental Insurance Company	Name of Person Insured	Social Security Number
---	--	------------------------	------------------------

☒ I wish to enroll
 ☐ Check here to waive if no coverage is desired
 ☐ Check here to waive if you have additional coverage through another policy

I understand my information is protected by privacy laws and will be released only in accordance with these laws. The only people who have access to this information are employees of the Insurance Company who service my policy or claim and other third parties authorized by the Insurance Company. Information may be disclosed to those who have an insurance-related regulatory or legal need for the information. In other situations, We will ask you for written authorization to disclose information about you.

Any Person who knowingly, and with intent to defraud or deceive us or any other person, makes a request for insurance containing any false, incomplete or misleading information may be guilty of a crime.

I agree and understand that if my employer is contributing towards the cost of any of the insurance products I have chosen to decline, that I will not be entitled to any compensation for my non-participation. I further understand I will not be eligible to enroll in this plan again until next enrollment period.

Signature

Date

Suzi Mock**12/3/08**

ACE USA is the U.S. domestic operating division of ACE Limited. Insurance products and services are provided by the U.S. insurance underwriting companies and not by ACE Limited. This plan of insurance is underwritten by ACE American Insurance Company.

ace usa


DENTALSELECT
The power 2 choose

 5373 S. Green Street, Suite 400
 Salt Lake City, UT 84123
 (800) 999-9789 (801) 495-3000
 Toll Free Fax (888) 673-5328
 Fax (801) 495-3368

Coverage Selections - Confirm available options with your employer. Vision and Accident coverage are available if your employer elected to provide that coverage. Check all that apply.

Dental - Select one.

- ☒ Platinum
☐ Platinum Indemnity

Vision - Select one.

Premier Plus

- ☐ Option 1 ☐ Option 2 ☒ Option 3

AD&D - Select one.

- ☐ Employee (must complete information below) ☐ Decline
☐ Employee + Family (must complete information below)
☐ AD&D Voluntary Amount

Beneficiary Information - Full Name (First, Middle, Last)

Beneficiary SSN

Relationship to Employee

(Enrollment continued on other side)


DENTALSELECT
The power 2 choose

 5373 S. Green Street, Suite 400
 Salt Lake City, UT 84123
 (800) 999-9789 (801) 495-3000
 Toll Free Fax (888) 673-5328
 Fax (801) 495-3368

***** -IND. XMT Journal- ***** Date DEC-23-2008 ***** Time 16:17 *****

Date/Time = DEC-23-2008 16:15
Journal No. = 003
Comm. Result = OK
Page(s) = 002
Duration = 00:01:26
File No. = 306
Mode = Memory Transmission
Destination = 18012905101
Received ID = /
Resolution = Fine

-CES ENVIROMENTAL -

***** DP-C264 ***** -

- ***** - 7137488664- *****



The Lincoln National Life Insurance Company
P.O. Box 2616, Omaha, NE 68103-2616
Phone: (800) 423-2765 Fax: (877) 573-6177

ENROLLMENT FORM FOR GROUP INSURANCE

Please Use Ink or
Type

GROUP ID:
CESENVIRON

GROUP POLICY #:
00001010689500000,
00040Q00100000309,
00040Q00300200042

Billing Division or Location:
747080

A. Employee Information (Complete for ALL Enrollments)

Employer Name/Company Name (Please Print) CES Environmental Services, Inc.			County	Employer ZIP	State
Employee Last Name Mock	First Name Suzi	Middle Initial A	Social Security Number (b) (6)	Date of Birth (b) (6)	
Spouse Last Name (b) (6)	First Name (b) (6)	Middle Initial (b) (6)	Social Security Number (b) (6)	Date of Birth (b) (6)	
Street Address (b) (6)					
Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Marital Status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single		Home Phone (b) (6)	Work Phone (713) 859-6938

Completed By Employer

Average Hours Worked Per Week: 50	Occupation: Inventory / maintenance	
Earnings: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Yearly \$ (b) (6) plus overtime	Date of Full-Time Employment: 9/25/08	Rehire Date:

B. Product Selection (Complete for ALL Enrollments)

Basic Coverage NOTE: Please mark the box or boxes for each coverage you are applying for.
All coverage amounts are subject to the limitations and exclusions as stated in the policy.

Class	Effective Date	Type of Coverage	Amount of Coverage	Total Premium
		Basic Group Life/AD&D <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$	Employer Paid

Voluntary Coverage NOTE: Please mark the box or boxes for each coverage you are applying for.
All coverage amounts are subject to the limitations and exclusions as stated in the policy.

TYPE OF COVERAGE	AMOUNT OF COVERAGE	TOTAL PREMIUM
Voluntary Employee Life/AD&D Insurance <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ (b) (6)	\$ (b) (6)
Voluntary Spouse Life/AD&D Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Voluntary Dependent Child Benefit <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10,000 (b) (6)	\$
Voluntary Long Term Disability <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Benefit Amount (b) (6) used month for benefit by	\$ (b) (6)

C. Beneficiary Information (Complete ONLY for Life or AD&D Enrollments)

Primary Beneficiary's Last Name (b) (6)	First (b) (6)	MI (b) (6)	Relationship of Beneficiary Husband	Social Security Number (b) (6)
Street Address (b) (6)				
City (b) (6)				
State (b) (6)				
Zip (b) (6)				
Contingent Beneficiary's Last Name (b) (6)	First (b) (6)	MI (b) (6)	Relationship of Beneficiary Son	Social Security Number (b) (6)
Street Address P.O. Box 56413				
City Port Arthur				
State TX				
Zip 77640				

Note: A Contingent Beneficiary will receive benefits only if the Primary Beneficiary does not survive you. If you wish to designate more than one Primary or Contingent Beneficiary, please attach a separate sheet of paper.

***** -IND. XMT Journal- ***** Date DEC-08-2008 ***** Time 15:57 *****

Date/Time = DEC-08-2008 15:55
Journal No. = 086
Comm. Result = OK
Page(s) = 001/001
Duration = 00:01:19
File No. = 192
Mode = Memory Transmission
Destination = 18775736177
Received ID = / 402 361 2316
Resolution = Fine

-CES ENVIROMENTAL -

***** DP-C264 ***** -

- ***** -

7137488664- *****

Texas Group Enrollment Card

Employee Information - Must be Completed in FULL

Last Name Mock	First Name Suzi	Middle Initial A
(b) (6)		
City Port Arthur	State TX	Zip Code 77640
(b) (6)		
SSN (b) (6)		
Marital Status Married <input checked="" type="checkbox"/> Single <input type="checkbox"/>		Sex Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Employers Full Name CES Environmental Svc. Houston, TX		Employers Address
<input checked="" type="checkbox"/> New Enrollee <input type="checkbox"/> Change		Group Number 11000108
Effective Date		Date of Hire (Required)

Select One:

FOR DENTAL:

- ☒ Employee Only
☐ Employee & Child(ren)
☐ Employee & Spouse
☐ Employee & Family

FOR VISION:

- ☒ Employee Only
☐ Employee & Child(ren)
☐ Employee & Spouse
☐ Employee & Family

Texas Group Enrollment Card (cont.)

Individuals Covered - List individuals for whom you are enrolling or adding/removing coverage.

Spouse Name- (Last, First, MI)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	SSN	DOB MM/DD/YYYY	Dental <input type="checkbox"/> Enroll <input type="checkbox"/> Decline	Covered by other DENTAL insurance? Carrier Name Effective Date Policy Holder	Vision <input type="checkbox"/> Enroll <input type="checkbox"/> Decline
Child Name- (Last, First, MI)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	SSN	DOB MM/DD/YYYY	Dental <input type="checkbox"/> Enroll <input type="checkbox"/> Decline	Covered by other DENTAL insurance? Carrier Name Effective Date Policy Holder	Vision <input type="checkbox"/> Enroll <input type="checkbox"/> Decline
Child Name- (Last, First, MI)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	SSN	DOB MM/DD/YYYY	Dental <input type="checkbox"/> Enroll <input type="checkbox"/> Decline	Covered by other DENTAL insurance? Carrier Name Effective Date Policy Holder	Vision <input type="checkbox"/> Enroll <input type="checkbox"/> Decline
Child Name- (Last, First, MI)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	SSN	DOB MM/DD/YYYY	Dental <input type="checkbox"/> Enroll <input type="checkbox"/> Decline	Covered by other DENTAL insurance? Carrier Name Effective Date Policy Holder	Vision <input type="checkbox"/> Enroll <input type="checkbox"/> Decline

Attach additional sheets if necessary.

Covered by other DENTAL insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Other Dental Insurance Company	Name of Person Insured	Social Security Number
---	--	------------------------	------------------------

5373 S. Green Street, Suite 400
 Salt Lake City, UT 84123
 (800) 999-9789 (801) 495-3000
 Toll Free Fax (888) 673-5328
 Fax (801) 495-3368

DENTALSELECT

The power 2 choose

Coverage Selections - Confirm available options with your employer. Vision and Accident coverage are available if your employer elected to provide that coverage. Check all that apply.

Dental - Select one. <input checked="" type="checkbox"/> Platinum <input type="checkbox"/> Platinum Indemnity	Vision - Select one. Premier Plus <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input checked="" type="checkbox"/> Option 3
--	---

AD&D - Select one.

☐ Employee (must complete information below) ☐ Decline

☐ Employee + Family (must complete information below)

☐ AD&D Voluntary Amount _____

Beneficiary Information - Full Name (First, Middle, Last)

Beneficiary SSN _____ Relationship to Employee _____

(Enrollment continued on other side)

5373 S. Green Street, Suite 400
 Salt Lake City, UT 84123
 (800) 999-9789 (801) 495-3000
 Toll Free Fax (888) 673-5328
 Fax (801) 495-3368

DENTALSELECT

The power 2 choose


☒ I wish to enroll ☐ Check here to waive if no coverage is desired ☐ Check here to waive if you have additional coverage through another policy

I understand my information is protected by privacy laws and will be released only in accordance with these laws. The only people who have access to this information are employees of the Insurance Company who service my policy or claim and other third parties authorized by the Insurance Company. Information may be disclosed to those who have an insurance-related regulatory or legal need for the information. In other situations, We will ask you for written authorization to disclose information about you.

Any Person who knowingly, and with intent to defraud or deceive us or any other person, makes a request for insurance containing any false, incomplete or misleading information may be guilty of a crime.

I agree and understand that if my employer is contributing towards the cost of any of the insurance products I have chosen to decline, that I will not be entitled to any compensation for my non-participation. I further understand I will not be eligible to enroll in this plan again until next enrollment period.

Signature Suzi Mock Date 12/3/08

 ACE USA is the U.S. domestic operating division of ACE Limited. Insurance products and services are provided by the U.S. insurance underwriting companies and not by ACE Limited. This plan of insurance is underwritten by ACE American Insurance Company.

EPAHO043001347

***** -IND. XMT Journal- ***** Date DEC-08-2008 ***** Time 15:18 *****

Date/Time = DEC-08-2008 15:16
Journal No. = 083
Comm. Result = OK
Page(s) = 001/001
Duration = 00:01:06
File No. = 189
Mode = Memory Transmission
Destination = 18886735328
Received ID = /
Resolution = Fine

-CES ENVIROMENTAL -

***** DP-C264 ***** -

- ***** - 7137488664- *****



To: TWC

Fax: 512-475-1135

Re: Appeal Request

From: CES Environmental
Human Resource

Phone: 713-676-1460

Fax: 713-676-1676

Date: 7/16/2009

Notes: We would like to appeal the decision reached in the following case.

Suzi Mock

(b) (6)

7/17/09

UI Support & Customer Service
TEXAS WORKFORCE COMMISSION
BOX 2211
MC ALLEN TX 78502-2211

320418310021320101

**EMPLOYER'S COPY
DETERMINATION ON PAYMENT OF UNEMPLOYMENT BENEFITS**

Date Mailed: July 3, 2009

CES ENVIRONMENTAL SERVICES INC
4904 GRIGGS RD
HOUSTON TX 77021-3208
|||||

Individual: SUZI A MOCK
Social Security Number: (b) (6)
Employer: CES ENVIRONMENTAL SER
Employer Account No.: 07-442961-0
All dates are shown in
month-day-year order.

Decision

We sent this decision on entitlement to Unemployment Benefits to the individual on this date.

Issue: Quit-Unsafe Working Conditions

Decision: We can pay you benefits, if you meet all other requirements.

Reason for Decision: Our investigation found you left your last work because your working conditions were unsafe. You tried all reasonable means for correcting the problem before you quit. Your reason for quitting was good cause connected with the work.

Law Reference: Section 207.045 of the Texas Unemployment Compensation Act.

Understanding your Decision

TWC monitors eligibility for benefits when a claimant first files a claim for unemployment insurance and every time weekly payments are requested. TWC has made a decision about this claimant's job separation or ongoing eligibility for UI benefits.

- If you disagree with this decision, file an appeal. Appeal each decision separately by the appeal deadline. If you fax your appeal, retain a copy of the confirmation sheet.
- A claimant can dispute or appeal a "we cannot pay you benefits" decision. TWC will notify you of the appeal hearing. Failure to participate may result in an adverse decision.
- Be aware that you may receive additional or revised decisions for the same claim.
- If you have questions, call the TWC Tele-Center handling your claim.

Determination of Employer's Potential Chargeback

We will charge your former employer's account if we pay you benefits.

If You Disagree with this Decision

If you disagree with this decision, you may appeal. Fax or have any appeal you may file postmarked on or before 07-17-09. TWC will use the date we receive the fax to determine whether your appeal is timely. If you file your appeal by fax, you should retain your fax confirmation as proof of transmission. Please include a copy of this notice with Appeals correspondence. The Appeal must be in writing to this address:

Appeal Tribunal
Texas Workforce Commission
101 E. 15th Street
Austin, TX 78778-0002
FAX (512) 475-1135

Please see reverse for how to file an appeal.

BD630E 02/27/2007

Case No.:	22
Claim ID.:	06-14-09
Claim Date:	06-14-09
FOR HEARING IMPAIRED CLIENTS	
Relay Texas TDD No.:	1-800-735-2989
Voice No.:	1-800-735-2988

EPAHO043001350

How to File An Appeal

Appeals must be in writing. If you want to appeal this decision, and you do not include a copy of this notice, please furnish the individual's name, the employer's name, the individual's social security number and the date of the decision you wish to appeal.

If you or one of your witnesses does not speak English, state on the appeal that you need an interpreter and which language you need interpreted. Also, if you and/or your witness(es) need any of the accommodations listed below, please indicate so in your appeal. If you want the notice of hearing mailed to a different address than the one on this form, please indicate that on your request for an appeal. The Appeals Department will mail you a notice indicating the hearing date and time. If you file your appeal by fax, you should retain your fax confirmation as proof of transmission. TWC will use the date we receive the fax to determine whether your appeal is timely. If you call to inquire about the receipt of your faxed appeal, please allow three working days before calling. If you appeal by mail, please allow at least five working days after the date mailed before inquiring about receipt of your appeal.

IMPORTANT: TWC conducts most hearings by telephone. We provide access to telephone, speakerphones and fax machines for individuals involved in an appeal hearing. If you do not have a private phone, need a fax machine to send information or need a speakerphone to present witnesses' testimony, let us know. If you need help operating the equipment we have staff available to assist you. We try to provide you as much privacy as possible for your hearing. When you receive the hearing notice and if you and/or your witness(es) need access to any equipment, and you did not request an accommodation in your appeal, please do the following:

- * Contact the TWC Tele-Center handling your claim: Austin (512) 340-4300, Dallas (214) 252-1200, El Paso (915) 832-6400, Ft. Worth (817) 420-1600, Houston (281) 983-1100, McAllen (956) 984-4700, San Antonio (210) 258-6600, Toll Free (800) 939-6631, Relay Texas TDD (800) 735-2989, Relay Texas Voice (800) 735-2988
- * Explain you are scheduled for an appeal hearing
- * Give the specific time and date of your hearing
- * Indicate the specific accommodation you need

You have 14 days after the mailing date of this Decision to file an appeal. The date in the last section of the front of this form is the last day of the 14 day period. We have adjusted this date to extend the period if the ending date would otherwise fall on a weekend or state holiday.

IMPORTANT: If you are using written materials as evidence, you must mail the materials to your hearing officer and the claimant so everyone has copies before the hearing begins. TWC mails copies of the information we have to all hearing participants. We mail this information along with the hearing notice. The packet includes the following: the date we notified you an individual applied for unemployment benefits (We include this information only if it is relevant to the appeal.), any protests to the claim, any information we received in response to the individual's claim, any fact-finding statements we took during the investigation and the appeal itself (either a letter or appeal form).

If The Individual Files An Appeal

The individual also has the right to appeal. If they exercise this right the Appeals Department will notify you of the hearing. If TWC has notified you that we will not charge your account and the individual files an appeal, it is very important that you take part in the hearing. The hearing officer will reconsider whether we should pay the INDIVIDUAL AND CHARGE YOUR ACCOUNT BASED ENTIRELY ON THE EVIDENCE GIVEN AT THE HEARING. Anyone dissatisfied with an Appeal decision may appeal to the Commissioners as a higher authority review board.

Information About The Determination Of Employer's Potential Chargeback

If the Determination of Potential Chargeback for the Employer on the front of this form indicates a charge this means that you reported wages during the 12 month base period of this claim. We must charge you the amount actually paid to the individual. However, Texas law may specifically permit us to protect your account for certain types of separations. The next section lists these reasons. If you are a taxed employer, we will not bill you for the dollar amount of benefits paid. Being "charged" means that we will use the benefits paid in a mathematical formula to calculate your tax rate. All charges tend to increase tax rates but it is not possible to predict the exact effect of any single claim since charges are only one of several factors that determine rates. However, if you are a reimbursing employer such as a state agency, political subdivision or a nonprofit organization, TWC will send you a bill for the total amount of your share of benefits paid. The law requires reimbursing employers to be charged for ALL benefits, attributable to their wages, paid to their former employees.

When Benefits May Not Be Charged

Taxes paid by employers finance the nationwide unemployment insurance system. The charges from claims by former employees are the basis of individual firm's tax rates. For benefits to be charged is the normal case and does not require that the job separation be the employer's "fault." The following separation reasons protect the employer's account from charge:

1. You discharged the individual for misconduct connected with the work.*
2. The individual left work voluntarily without good cause connected with the work*
3. The separation was required by a Federal law, a Texas law, or a Texas municipal ordinance.
4. The separation was caused by a medically verifiable illness of the individual or of a minor child.
5. The separation was caused by a natural disaster, fire, flood, or explosion.
6. The individual left partial employment voluntarily to accept other employment that the individual reasonably believed would increase their weekly wage.
7. The individual left last work voluntarily rather than provide services to a person infected with a communicable disease.*
8. The individual was discharged for refusing to provide services to a person with a communicable disease.*

*Indicates separation circumstances that will cause disqualification of the individual for benefits. The other separation reasons allow payment to the individual but also permit protection of the employer's account.

If You Are Charged

You have the option of filing an appeal if you believe the decision is incorrect, based on the reason for separation from last work. You have the additional option of bringing to our attention any information you may have about the individual's eligibility for unemployment compensation. The TWC will investigate all information received about any possible ineligibility. If we issue a determination of ineligibility as a result of this information, this could reduce charges to your account.

***** -IND. XMT JOURNAL- ***** DATE JUL-16-2009 ***** TIME 15:43 *****

DATE/TIME = JUL-16-2009 15:41
JOURNAL No. = 136
COMM. RESULT = OK
PAGE(S) = 002/002
DURATION = 00:00:56
FILE No. = 475
MODE = MEMORY TRANSMISSION
DESTINATION = 15124751135
RECEIVED ID = / 5124751135
RESOLUTION = STD

-CES Environmental Service-

***** DP-3010 ***** -

- ***** - 713 676 1676- *****

BENEFITS - CHARGEBACKS
TEXAS WORKFORCE COMMISSION
101 E 15TH ST RM 354
AUSTIN TX 78778-0001

320418310021310101

WAGE VERIFICATION NOTICE

Date Mailed: July 3, 2009

CES ENVIRONMENTAL SERVICES INC
4904 GRIGGS RD
HOUSTON TX 77021-3208
|||||

All dates are shown in month-day-year order.

Account Number: 07-442961-0

Predecessor:

Name: SUZI A MOCK

Social Security Number: (b) (6)

PROTECT YOUR INTERESTS**THIS IS NOT A BILL**

CHECK OUR RECORDS! INACCURATE INFORMATION CAN AFFECT YOUR TAX RATE.

The Texas Workforce Commission (TWC) notified you previously that the person named **above** applied for unemployment benefits and told us you were his/her last employer before 06-14-09. As a base period employer, you or your business could be liable for benefits TWC pays to this person. We used the wages from your Employer Quarterly Reports to calculate the maximum benefit amount chargeable to your account for this claim. Please check the wages against your records. If our records are not accurate, please correct the wages per the instructions below.

Maximum amount chargeable to your account for this claim \$ 2,212.88

Please Note: TWC will calculate your tax rate using charges for benefits actually paid. If the person does not draw all available benefits, the actual amount charged to your account could be less.

WAGE INFORMATION				
QUARTER(S) USED	WAGES ON RECORD	SOURCE (If Other Than Quarterly Report)	PAGE	UNIT
OCT NOV DEC 2008	(b) (6)	EXAMINATION OF HARDCOPY C-4	1	

HOW TO CORRECT REPORTED WAGES

If the claimant's quarterly wages are wrong, please go to Unemployment Tax Services at <http://www.twc.state.tx.us/ui/tax/emtaxinfo.html> to make online corrections or go to <http://www.twc.state.tx.us/ui/tax/taxinstruct.html> to download paper adjustment forms.

If you have other questions about this claim, please contact a Tele-Center representative at this number 1-888-657-8749.

Claim Date:	06-14-09
FOR HEARING IMPAIRED CLIENTS	
Relay Texas TDD No.:	1-800-735-2989
Voice No.:	1-800-735-2988



NOTICE OF APPLICATION FOR UNEMPLOYMENT BENEFITS

Date Mailed: June 17, 2009

CES ENVIRONMENTAL SERVICES INC
4904 GRIGGS RD
HOUSTON TX 77021-3208
[Barcode]

All dates are shown in
month-day-year order.

Account Number: 07-442961-0

Name: SUZI A MOCK

Social Security Number: (b) (6)

Access Key: 838366

IMPORTANT

Protect your interests! Use the Internet, call, fax or have your response postmarked on or before **07-01-09**. The person named above filed an application for unemployment benefits naming you and/or your organization as the last place worked before filing. State law requires we notify you of this action. If you are an employer covered by the Texas Unemployment Compensation Act, the decision the Texas Workforce Commission (TWC) renders on this application could affect the amount of taxes or reimbursements you pay.

How do I protect my appeal rights?

To receive a copy of any determination TWC makes and to protect your right to appeal, respond on or before **07-01-09**, complete the reverse side of this form in detail, and be prepared to answer any additional questions.

How do I submit my response?

You have four response options. Only one is necessary to protect your interests.

* Respond by using the Internet at www.texasworkforce.org/ui/er.html Enter the Social Security Number and Access Key found above. At the completion of your entry you may print a confirmation sheet as proof of your response.

or * Call TWC at (888) 657-8749, Monday through Friday, between 8:00 a.m. and 5:00 p.m. central time to respond verbally. A Customer Service Representative (CSR) will take your information. When completing the call the CSR will give you an 11-digit confirmation number. **You must speak with a CSR and receive a confirmation number. Leaving a voice message does not constitute a response.** Record the number in the spaces below and keep this notice for your records.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

or * Fax the notice to (512) 322-2875. When faxing, be sure to include both sides of the page. TWC will use the date we receive the fax to determine whether your response is timely. If you file your appeal by fax, you should retain your fax confirmation as proof of transmission.

or * Mail a copy of this notice and any attachments to the TWC address located in the upper left-hand corner.

Please Note: We may allow the applicant an opportunity to respond in a fact finding interview, if the information you submitted does not agree with his/her initial statement. If you want to participate during the initial interview, please indicate so in your response. TWC will notify you how you may participate. The applicant gave the following statement when he/she filed the application for unemployment benefits.

REASON NO LONGER EMPLOYED

QUIT Verbal statement by telephone
I QUIT FOR MY OWN SAFETY. I HAVE WITNESSED 2 DEATHS IN A4 MONTH PERIOD AND AT LE
AST ONE WAS PROVEN TO CHEMICAL EXPOSURE. THE OTHER

If you have difficulty interpreting the applicant's statement, call TWC at the telephone number listed above.

PLEASE ANSWER ALL QUESTIONS ON REVERSE

Work Separation Details

Please answer the following questions and mark (X) in the appropriate box.

General Information

1. Applicant's name (as it appeared on your payroll):	Name: <u>Suzi Mack</u>
2. Applicant's Social Security Number:	SSN (b) (6) [REDACTED]
3. Dates worked:	3a. Start Date: <u>9/22/08</u> 3b. Last Date Worked: <u>6/15/09</u>
4. Did you give the applicant advance notice of work separation?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4a. If no, did you pay the applicant wages instead of providing advance notice of work separation (wages in lieu of notice)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If No, skip to Number 5
4b. How many days notice did you pay?	No. of Days: <u>n/a</u>
4c. What dates did the pay cover?	Beginning Date: <u>n/a</u> Ending Date: <u>n/a</u>
5. Reason no longer employed:	<input type="checkbox"/> Permanent Layoff or <input type="checkbox"/> Temporary Layoff with Recall Date: <input checked="" type="checkbox"/> Fired <input checked="" type="checkbox"/> Quit <input type="checkbox"/> Reduced Hours <input type="checkbox"/> Never Worked Here Recall Date: _____
6. If the applicant is laid-off temporarily:	
6a. Have you or will you pay the applicant vacation pay during the layoff?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6b. If yes, how many paid holidays or vacation days did or will the applicant receive:	No. of Days: _____
6c. Dates pay covered or will cover:	Beginning Date: _____ Ending Date: _____

Detailed Separation Information

7. Provide a detailed explanation of the separation, attaching additional pages if necessary. TWC may disclose to the applicant any information you provide. If the applicant was fired, include relevant company policies, any warnings given, the date and nature of the last incident causing the termination, and the name of the person who discharged the applicant. If the applicant quit, include the specific reason given for quitting and whether the applicant gave any notice. For layoffs, include the specific reason for the layoff. NOTE: Failing to provide complete information may cause inappropriate benefit payments and raise employer taxes.

Detailed Explanation:

Employee resigned without notice and provided no explanation for resignation. She initially stated that she would work through the 23rd of June, but then failed to show for the remainder of this period.

TWC will mail a copy of the decision to the address on the other side of this form.

Please indicate any address changes on the front of this form, prior to returning it to TWC.

Preparer's Signature: [Signature] Date: 6/23/09
Title: HR Telephone Number: 713-676-1400

TWC Account Number: _____

Contact Person: _____ Telephone Number: _____

(Please Print)

Completed forms, inquiries, or corrections to the individual information contained in this form should be sent to the TWC office listed on the other side of this form. An individual may receive and review information that TWC collects regarding that individual by sending an e-mail to open.records@twc.state.tx.us or writing to TWC Open Records Unit, 101 E 15th St., Room 264, Austin, TX 78778-0001.

UI Support & Customer Service
TEXAS WORKFORCE COMMISSION
BOX 2211
MC ALLEN TX 78502-2211

320416710028320101

NOTICE OF APPLICATION FOR UNEMPLOYMENT BENEFITS

Date Mailed: June 17, 2009

CES ENVIRONMENTAL SERVICES INC
4904 GRIGGS RD
HOUSTON TX 77021-3208
|||||

All dates are shown in month-day-year order.

Account Number: 07-442961-0

Name: SUZI A MOCK

Social Security Number: (b) (6)

Access Key: 838366

IMPORTANT

Protect your interests! Use the Internet, call, fax or have your response postmarked on or before **07-01-09**. The person named above filed an application for unemployment benefits naming you and/or your organization as the last place worked before filing. State law requires we notify you of this action. If you are an employer covered by the Texas Unemployment Compensation Act, the decision the Texas Workforce Commission (TWC) renders on this application could affect the amount of taxes or reimbursements you pay.

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or * Call TWC at (888) 657-8749, Monday through Friday, between 8:00 a.m. and 5:00 p.m. central time to respond verbally. A Customer Service Representative (CSR) will take your information. When completing the call the CSR will give you an 11-digit confirmation number. **You must speak with a CSR and receive a confirmation number. Leaving a voice message does not constitute a response.** Record the number in the spaces below and keep this notice for your records.

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REASON NO LONGER EMPLOYED

QUIT

Verbal statement by telephone

I QUIT FOR MY OWN SAFETY. I HAVE WITNESSED 2 DEATHS IN A 4 MONTH PERIOD AND AT LEAST ONE WAS PROVEN TO CHEMICAL EXPOSURE. THE OTHER

If you have difficulty interpreting the applicant's statement, call TWC at the telephone number listed above.

PLEASE ANSWER ALL QUESTIONS ON REVERSE

Case No.:	22
Claim ID.:	06-14-09
Claim Date:	06-14-09
Entity ID.:	

FOR HEARING IMPAIRED CLIENTS
Relay Texas TDD No.: 1-800-735-2989
Voice No.: 1-800-735-2988

***** -IND. XMT Journal- ***** Date JUN-23-2009 ***** Time 16:03 *****

Date/Time = JUN-23-2009 16:01
Journal No. = 166
Comm. Result = OK
Page(s) = 002
Duration = 00:01:06
File No. = 606
Mode = Memory Transmission
Destination = 15123222875
Received ID = /
Resolution = Fine

-CES ENVIROMENTAL -

***** DP-C264 ***** -

- ***** - 7137488664- *****

Employee Confidentiality
And
Assignment Agreement
For Hourly Employees

I understand that CES Environmental Services Inc. ("CES") has developed and used and will be developing and using Confidential Information in connection with its business. "Confidential Information" includes, but is not limited to, information relating to its environmental waste disposal services and /or products business such as customer lists, supplier lists, cost structure, pricing policies, operational methods, technical processes and other business affairs and methods, plans for future developments and other information which is not readily available to the public. This information was developed and will be developed by CES at great expense and constitutes trade secrets of CES. To safeguard this Confidential Information, CES has instituted policies and procedures to protect such information.

In connection with my employment by CES, I will come into contact with such Confidential Information.

I understand that the Confidential Information is vital to the success of CES's business and, in consideration of my employment by CES and the consideration to be paid to me for my services, I state the following:

1. I agree that during and after my term of engagement with CES:
 - (a) I shall keep secret all Confidential Information and not reveal or disclose it to anyone outside of CES, except with CES's prior written consent;
 - (b) I shall not make use of any of such Confidential Information for my own purposes or the benefit of anyone other than CES; and
 - (c) I shall deliver promptly to CES, upon the termination of my engagement and at any time CES may so request, all software, data, memoranda, notes, records and other documents (and all copies thereof) constituting or relating to such Confidential Information which I may then possess.
2. I understand that this Agreement shall be governed by and construed in accordance with the laws of the State of Texas, without regards to its conflicts of laws rules.

AGREED TO AND ACCEPTED:

Employee's Name: Suzi Mock

Employee's Signature: Suzi Mock

Date: 9/25, 2008

ces12.sec/010804

EPAHO043001358

CONFIDENTIALITY AND NON-COMPETE AGREEMENT

This Confidentiality and Non-Compete Agreement (this "Agreement"), is entered into by and between **CES Environmental Services, Inc.**, a Texas corporation (the "Company"), and Suzi Mock (the "Employee"). The Company and Employee may sometimes hereinafter be referred to singularly as a "Party" or collectively as the "Parties."

RECITALS:

WHEREAS, Employee is or will be an "at will" employee of the Company;

WHEREAS, Employee, in the course of his or her employment, will have access to certain confidential information and trade secrets relating to the operation, plans, products, and strategies of the Company;

WHEREAS, Employee recognizes the need for Employer to protect its interest in and to confidential information and trade secrets;

NOW, THEREFORE, for and in consideration of the Recitals, the continued at will employment of Employee by Employer, the mutual agreements specified herein, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged by each Party, the Company, and the Employee hereby agree as follows:

AGREEMENTS:

1. Competition. Employee agrees that until the termination of Employee's employment with the Company and thereafter to the extent specifically provided in this Agreement:
 - a. The Employee will not actively engage, directly or indirectly, in any other business except at the direction or approval of the Company.
 - b. The Employee will not engage, directly or indirectly, in any activity competitive with the business of the Company. This prohibition shall include the ownership, management, operation, or control of, or employment by, or participation in, or connection with the management, ownership, operation, or control of, in any manner, any business of the type and character engaged in by the Company. Notwithstanding the foregoing, the Employee may make or maintain an investment not to exceed five percent (5%) of the capital stock of any publicly traded company that competes with the Company.
2. Post Termination Covenant Not to Compete. The Employee recognizes that the Company has business goodwill and other legitimate business interests which must be protected in connection with and in addition to the Information (as hereinafter defined), and therefore, in exchange for access to the Information, the specialized training and instruction which the Company will provide, the Company's agreement to employ the Employee on the terms and conditions set forth herein and the promotion and advertisement by the Company of the Employee's skill, ability, and value in the Company's business, the Employee agrees that in the event the employment relationship between the Company and Employee is terminated by any cause or for any reason, then for a period of **eighteen (18) months** after the date employment is so terminated:

- a. Subject to customer limitation detailed in paragraph (b) of this section, Employee will not in any capacity or relationship enter into, engage in, or be connected with any business or business operation or activity which is in direct competition, in whole or in part, with the Business of the Company (as defined hereinafter). For purposes of this Agreement, the "Business of the Company" shall be defined as the current business of the Company, including, but not limited to the following:
 - i. Transportation and disposal of Hazardous and Non-Hazardous Industrial waste
 - ii. Off-site disposal and/or cleanup of customer land, facilities, or equipment (field services)
 - iii. Tank wash services
 - iv. Management services for disposal and/or remarketing of products, co-products, and waste.
 - v. Recycling of products, co-products, and/or waste.
 - vi. Waste classification and consulting services.
- b. The Employee will not call upon any person that is a customer of the Company at the time of the termination of the Employee's employment, for the purpose of selling or attempting to sell to any such customer any services or products similar to those offered by the Company from time to time; and
- c. The Employee will not intentionally divert, solicit, or take away any customer, supplier, or employee of the Company, or the patronage of any customer or supplier of the Company, or otherwise interfere with or disturb the relationship existing between the Company and any of its respective customers, suppliers or employees, directly or indirectly.

It is mutually understood and agreed that if any of the provisions relating to the scope, time or territory in this Section 2 are more extensive than is enforceable under applicable laws or are broader than necessary to protect the good will and legitimate business interests of the Company, then the Parties agree that they will reduce the degree and extent of such provisions by whatever minimal amount is necessary to bring such provisions within the ambit of enforceability under applicable law.

The Parties acknowledge that the remedies at law for a breach or threatened breach by the Employee of the Employee's covenants contained in this Section 11 are inadequate, and they agree that the Company, in addition to any other remedies available to it for such breach or threatened breach, including the recovery of damages, shall be entitled, at its election, to temporary or permanent injunctive relief restraining the Employee from such conduct and to specific performance of said covenants. If a bond is required to be posted in order for the Company to secure an injunction, the Parties stipulate that a bond in the amount of \$1,000 would be sufficient in all circumstances to protect the rights of the Parties.

3. Business Opportunities. For as long as the Employee shall be employed by the Company and thereafter with respect to any business opportunities learned about during the time of the Employee's employment by the Company, the Employee agrees that with respect to any future business opportunity or other new and future business proposal which is offered to, or comes to the attention of, the Employee and which is in any way related to, or connected with, the Business of the Company, the Company shall have the right to take advantage of such business opportunity or other business proposal for its own benefit. The Employee agrees to promptly deliver notice to the Management in writing of the existence of such opportunity or proposal and

the Employee may take advantage of such opportunity only if the Management notifies the Employee in writing that the Management is not electing to exercise its right to take advantage of such opportunity.

4. Confidential Information. The Employee acknowledges that in the course of Employee's employment with the Company, Employee may receive certain trade secrets, know-how, lists of customers, employee records, strategic planning, product strategies, marketing strategies, financial information, and other confidential information and knowledge concerning the Business of the Company (hereinafter collectively referred to as "Information") which the Company desires to protect. The Employee understands that such Information is confidential and Employee agrees that Employee will not reveal such Information to anyone outside the Company. The Employee further agrees Employee will not use such Information in competing with the Company. Upon termination of Employee's employment hereunder, the Employee shall surrender to the Company all papers, documents, writings and other property produced by him or coming into Employee's possession by or through Employee's employment hereunder and relating to the information referred to in this Section 4, which are not general knowledge in the industry, and the Employee agrees that all such materials will at all times remain the property of the Company.
5. Specific Performance. The Employee acknowledges that a remedy at law for any breach or threatened breach of this Agreement will be inadequate and violations of the covenants by the Employee will result in immediate and irreparable damage to the Company and they agree that in the event of an actual or threatened breach of the provisions of this Agreement by the Employee, the Company, in addition to any other remedies available to it for such breach or threatened breach, including the recovery of damages, shall be entitled to temporary or permanent injunctive relief restraining the Employee from such conduct. If a bond is required to be posted in order for the Company to secure an injunction, the Parties stipulate that a bond in the amount of \$1,000 would be sufficient in all circumstances to protect the rights of the Parties.
6. "At Will" Employment Relationship. Neither this Agreement nor any term or provision of this Agreement shall be construed to alter the "at will" employment relationship between the Company and the Employee, and the Employee may be terminated at any time by the Company for any reason, with or without cause.
7. "Works for Hire": All work which I create in connection with my engagement shall be considered to be "works made for hire" under the U.S. Copyright Act, 17 U.S.C. Sections 101 et seq. In the event a work is not construed to be a work made for hire, I assign, and will assign to CES all my rights and interests in any developments, design, inventions, improvements, trade secrets, trademarks, copyrightable subject matter or proprietary information which I have made or conceived, or may make or conceive, either solely or jointly with others and either on or off CES's premises, (a) while providing services to CES, (b) with the use of the time, materials or facilities of CES, (c) relating to any product, service or activity of CES of which I have knowledge or (d) suggested by or resulting from any work performed by me for CES (the "Developments"). I agree that I have no proprietary interest in any Developments, including any patent, copyright, trademark and trade secret rights. Any and all programs, inventions and other works of authorship developed by me while performing services for CES are created for and owned exclusively by CES. I agree that I shall sign any papers necessary for patents, copyrights or trademarks to conform and protect the interest of CES, in the Developments and that I shall

not register, file or obtain any patent, copyright or trademark covering any of Developments in my own name and I further agree to provide necessary assistance to protect, enforce or perfect CES's rights and interests in such patents, copyrights and trademarks.

8. Governing Law: This Agreement shall be construed and enforced in accordance with and governed by the laws of the State of Texas. Any litigation between or among the Parties with respect to the subject matter of this Agreement shall take place in the appropriate federal or state district courts located in Harris County, Texas, and each Party hereby irrevocably submits to the personal jurisdiction of such courts.
9. Parole Evidence. This Agreement constitutes the sole and complete agreement between the Parties hereto, and no verbal or other statements, inducements, or representations have been made to or relied upon by either Party, and no modification hereof shall be effective unless in writing signed and executed in the same manner as this Agreement.
10. Waiver. Any waiver to be enforceable must be in writing and executed by the Party against whom the waiver is sought to be enforced.
11. Attorney's Fees. If any litigation is instituted to enforce or interpret the provisions of this Agreement or the transactions described herein, the prevailing Party in such action shall be entitled to recover its reasonable attorneys' fees from the other Party hereto.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement as of the 25 day of Sept, 2008.

COMPANY:

CES Environmental Services, Inc.,
a Texas corporation

By: Jeffrey Thomas
Name: _____
Title: [Signature]

EMPLOYEE:

Suzi Mock
Name: Suzi Mock



Universal Employee Mandates

Purpose:

These mandates have been established in an effort to establish overall guidelines and principles under which each CES employee should work. These requirements will help precipitate a harmonious and friendly working environment. The mandates also promote honesty and integrity while helping to ensure overall employee reliability and accountability. Ultimately, we seek to provide the most superior service in the environmental and industrial service business!

General Applicability:

Every CES employee is subject to these requirements

The Mandates:

- Employees must respect and be considerate of fellow workers, customers, vendors, etc.
- Employees must not fight or vigorously confront other employees
- Employees must not complain (it will not be tolerated). If an employee has a legitimate concern or issue, he or she should approach his or her direct manager concerning the issue and provide the manager with at least one possible solution to the issue.
- Employees should not engage in verbal, non-verbal, or physical abuse of fellow employees. Verbal abuse is spoken or written communication that does not respect the basic humanity and dignity of fellow employees or is intended to intimidate or degrade the employee. Non-verbal abuse includes gestures or body language, directed at a fellow employee, which is commonly understood to be derogatory and/or insulting. Physical abuse includes items such as hitting, kicking, pushing, or otherwise initiating physical contact with the body of a fellow employee to either intimidate or cause harm to the fellow employee.
- Each employee must follow the chain of command specified in the CES **Organizational Structure** (see **Standard Operating Procedure** titled Following the chain of Command)
- Employees must be punctual (i.e. employees should be at their designated work station, ready to work, at the designated time)
- Employees should have good attendance. Unexcused absences will not be tolerated.
- Employees who know they will be absent or late must notify their direct supervisor immediately upon confirmation of their situation (as defined in Employee Handbook)
- Alcohol, drugs, and firearms are not allowed on CES working property, customer's property, or vendor's property.
- Employees must perform their position responsibilities to the best of their ability
- Employees should do what must be done (as assigned), when it must be done (as designated), and with a positive and "can-do" attitude.
- Employees must not steal either property or time from the Company
- Employees must not lie on the job
- Employees must not engage in any illegal activities of any sort (on or off the clock)
- Employees will not discuss wages and salaries other than with their supervisors, through the Chain of Command. Wages and Salaries are individual issues and should be handled in confidence.
- Employees must follow all Company policies and procedures listed in the Company **Safety Policies Manual, Standard Operating Procedures Manual, Employee Handbook**, etc.

- Employees are responsible for all company property and equipment (either assigned or unassigned)
- Employees must not abuse Company property (all CES property should be used with care, the way it is designed to be used). Also concerning Company property, Employees must recognize and respect internal rights of use and ownership.
- Employees shall not inappropriately use company assets (e.g. use of company assets for personal gain, personal gratification). Company assets are to be used strictly for the benefit of the company unless specifically approved by the **President**.
- Confidential Information must be treated as proprietary and kept confidential. Confidential information includes, but is not limited to, the following: wages and salaries, client contacts and business relationships, company capabilities and direction, company financial information. Employees who become aware of such information must report the information to Upper Level Management immediately. Such information will be handled in the strictest of confidence by Upper Level Management. Failure to report such information will be considered collaboration of such activity.
- Racial or Sexual harassment of any sort is strictly prohibited: racial or sexual slurs or "jokes", sexually explicit "porn" magazines, sexually explicit activity on the computer/internet, fraternization (sexual or dating relationships between managers and subordinates in the same chain of command)

Received and understood by:

Date: 9/25/08

Suzanne

Witnessed by:

Date: 9/25/08

Alhano



Important Notice

This plan is intended to comply with the provisions described in Section 404(c) of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The regulations under ERISA Section 404(c) provide that if your employer gives you the opportunity to exercise control over assets in your individual account and choose from a broad range of investment alternatives, then the employer, who is a fiduciary, may be relieved of liability for any losses that result from your own investment instructions. You, in turn, are responsible for the investment performance of your plan account. To satisfy this requirement, the employer is required to provide you with, or give you the opportunity to obtain, sufficient information to make informed decisions with regard to investment alternatives under the plan.

You will receive a fund fact sheet and your plan sponsor can provide prospectuses for each fund offered in the plan. The fund fact sheets are enclosed in your enrollment book and describe the investment objective, performance and strategy for each fund. It also discusses the type and diversification of assets that make up the fund's investment portfolio. The prospectus discloses all pertinent information about a fund including information concerning the fees and expenses associated with the fund. You should review all material regarding your plan carefully before investing money in your plan. If you have any questions, please contact your plan sponsor.

I acknowledge that my employer intends to comply with the provisions in Section 404(c) of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

I have been informed that Matt Bowman and Greg Bowman will assume the role of the fiduciary for the CES Environmental Services, INC. 401k and Profit Sharing Plan.

I have been given a copy of the Investment Policy Statement, Summary Plan Description, Summary of Material Modifications(4), descriptions of each investment option including all fees and expenses charged to participants under each option, and am aware that I may request a prospectus for each investment offered in the plan.

I have been instructed on how to select investments and how to change investment selections of my choice online or over the phone, and understand I will have access to regular account statements.

A handwritten signature in black ink that reads 'Suzi Mock'.

Signature

A handwritten version of the name 'Suzi Mock' in black ink.

Printed Name

A handwritten date in black ink that reads '9/25/08'.

Date

Concentra Medical Centers

10909 East Frwy Houston, TX 77029
Phone: (713) 973-7943 Fax: (713) 973-7947

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 09/25/2008

Employee Name:

Cabrera-Mock, Suzi

Employee SSN:

(b) (6)

Address:

(b) (6)

PORT ARTHUR TX 77640

Employer: CES Environmental

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check ☒ one that applies)

- ☒ There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
☐ The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ☒ ALL that apply)

- ☒ ARE qualified to wear a respirator.
☐ Have the following restrictions concerning respirator usage: _____
☐ ARE NOT qualified to wear a respirator.
☐ Require further testing by your private physician who must submit a written report of his/her findings to **Concentra Medical Centers** so that a final decision on your ability to wear a respirator can be made.
☐ Must wear Special prescription eye-wear needed to accommodate respirator.
☐ Must use an Eye glass conversion kit.
☐ May need to shave Facial hair to assure tight seal on certain face masks.
☐ Need to stop smoking.

(Check ☒ ALL that apply)

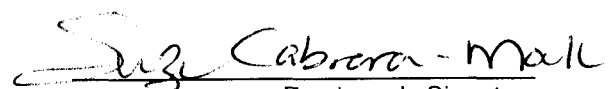
- ☐ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
☒ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.


PLHCP Signature

Tanya S Foley
PLHCP Name (printed)

¹Physician or other Licensed Healthcare Professional


Employee's Signature

9-25-09

Expiration Date

To be maintained in the employee's file with a copy to the employee

Concentra Medical Centers

10909 East Frwy Houston, TX 77029
Phone: (713) 973-7943 Fax: (713) 973-7947

RESPIRATORY FIT TEST ASSESSMENT RECORD

Service Date: 09/25/2008
Employee Name: Cabrera-Mock, Suzi
Employee SSN: (b) (6)
Employer: CES Environmental
Department:

Respirator Type: _____
Respirator Model: _____
Cartridge Type: _____
Anticipated Usage: _____ Minutes/day
Hours/day
Days/week

Qualitative Fit Test (QLFT) Protocol used:

- ☐ Isoamyl Acetate (Respirator must be equipped with an organic vapor filter)
☐ Saccharin Solution (Must use DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent)
☐ Bitrex (Denatonium Benzoate) Aerosol

Quantitative Fit Test (QNFT) Protocol used:

- ☐ Test Chamber: Circle one of the following:

Corn Oil
Polyethylene glycol 400 (PEG 400)
di-2-ethyl hexyl sebacate (DEHS)
Sodium Chloride
Condensation Nuclei Counter: ambient aerosol

- Yes No Subject donned respirator at least 5 minutes prior to assessment
Yes No Subject conducted user seal check
Yes No Apparel interfering with a satisfactory fit must be removed or altered.
Yes No Subject given a description of the fit test and his/her responsibilities prior to assessment.

- Yes No Subject wore applicable safety equipment during fit test

Assessment of Comfort (C: Comfortable, NC: Not Comfortable)

- C NC Position of the mask on the nose
C NC Room for eye protection
C NC Room to talk
C NC Position of mask on face and cheeks

Adequacy of the fit (A: Adequate, NA: Not Adequate)

- A NA Chin properly placed
A NA Adequate strap tension, not overly tight
A NA Fit across nose bridge
A NA Proper size to span length from nose to chin
A NA Tendency of respirator to slip
A NA Subject observed self in mirror to evaluate fit and position.

Physician's Comments

- ☒ Class I FVC - 75% or more; FEV1/FVC Ratio 70 % or more (Refer to Guideline Chart)
☒ No Restrictions on Respirator Use
☐ Class II FVC 60%-70%; FEV1/FVC Ratio 60%-70% of Predicted (Refer to Guideline Chart)
☐ Some specific restrictions on respirator use: _____
☐ Class III FVC 50%-60%; FEV1/FVC Ratio 50%-60% of Predicted (Refer to Guideline Chart)
☐ Respirator use not permitted
☐ Further testing required: _____
☐ Subject to return after facial hair is removed for completion of Assessment by _____
☐ Subject is to be given the opportunity to select another type of respirator and return for assessment by _____

Physician's Signature

Exercise (each exercise shall be conducted for one minute except for grimace which shall be conducted for 15 seconds)

Breathing

Normal	Pass	Fail
Deep	Pass	Fail
Head	Pass	Fail
Turn Left	Pass	Fail
Turn Right	Pass	Fail
Side: Left	Pass	Fail
Side: Right	Pass	Fail
Move Up	Pass	Fail
Move Down	Pass	Fail

Talking

Name	Pass	Fail
SSN#	Pass	Fail
Read	Pass	Fail
Rainbow Passage observed by tester	Pass	Fail

Facial Expressions

Grimace	Pass	Fail
Smile	Pass	Fail
Frown	Pass	Fail

Body Movement

Bend at waist	Pass	Fail
Jog in place	Pass	Fail

Subject rates comfort of respirator : 1 2 3 4 5 6 7 8 9 10
Least ----- Most

Yes No Subject made no attempt(s) to adjust respirator during assessment.

Assessment (CHECK ✓ ALL THAT APPLY)

Test discontinued due to:

- ☐ Hair growth; beard, mustache, sideburns which cross respirator sealing surface,
☐ Difficulty breathing, or
☐ Comfort or Fit of respirator was unacceptable to employee.
Recommendation(s) _____

Physician's Name (Print)

This record is to be maintained by the employer in accordance with 29 CFR 1910.134 Paragraph (m) (2)(i)(A) - (E).
Re-testing must occur ANNUALLY as long as the employee is required to wear a respirator.

Concentra Medical Centers

10909 East Frwy Houston, TX 77029
Phone: (713) 973-7943 Fax: (713) 973-7947

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

EMPLOYER TO COMPLETE THE FOLLOWING :

Employee Name: Cabrera-Mock, Suzi

Employer: CES Environmental

Check Type of Respirator(s) To Be Used (Check ☒ ALL that apply)

- ☐ Air-purifying (non-powered) ☐ Air-purifying (powered)
☐ Atmosphere supplying Respirator
☐ Combination air-line and SCBA
☐ Continuous-Flow Respirator
☐ Supplied-Air Respirator
☐ Open Circuit SCBA ☐ Closed Circuit SCBA
☐ Dust Mask ☐ 1/2 Face with Canisters ☐ Full Face with Canisters

Make: _____ Model: _____ Cartridge: _____

Special Work Conditions (Check ☒ ALL That Apply When Wearing Respirator)

- ☐ High Places ☐ Enclosed Places ☐ Protective Clothing
☐ Temperature Extremes ☐ Mostly Cold ☐ Mostly Hot
☐ Other: _____

Questionnaire will be: ☐ HAND CARRIED ☐ MAILED ☐ OTHER

Address:

(b) (6)

PORT ARTHUR TX 77640

Employee SSN: 547-47-0448

Extent of Usage (Check ☒ ALL that apply)

- ☐ On a daily basis _____ Total Hours
☐ Occasionally - but not more than twice a week _____ Total Hours
☐ Rarely - or for Emergency situations only _____ Total Hours

Expected Physical Effort Required (Check ☒ ALL that apply)

- ☐ Light ☐ Moderate ☐ Heavy

Exposure to Hazardous Materials (Check ☒ ALL that apply)

- ☐ Arsenic ☐ Benzene
☐ Coke Oven ☐ Cotton Seed / Dust
☐ Cadmium ☐ Formaldehyde
☐ Methylene Chloride ☐ Lead
☐ Textiles ☐ Chromium

Other(s): _____

EVALUATION AUTHORIZATION BY: _____

Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)

PHYSICIAN WILL COMPLETE THE FOLLOWING

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check ☒ ALL that apply)

- ☐ Employee must schedule a medical examination with Concentra Medical Centers prior to respirator approval and usage.
☒ Class I - No Restrictions on Respirator Use
☐ Class II - Some Specific Use Restrictions ☐ To be used for Emergency Response or Escape Only ☐ Other: _____
☐ Class III - Respirator Use is NOT PERMITTED
☐ Further Testing / Evaluation is Required.²
☐ Fit Test Required ☐ Fit Test Performed Satisfactorily
☐ Fit Test Performed Unsatisfactorily ☐ Fit Test NOT Performed at: Concentra Medical Centers
☐ Special prescription eyewear needed to accommodate respirator ☐ Special prescription eyewear needed to accommodate respirator
☐ Facial hair needs to be shaved to assure tight seal on certain face masks.

¹ Physician or other Licensed Healthcare Professional

² Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers of his/her findings to

(Check ☒ ALL that apply)

- ☒ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
☒ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature

Physician's License Number (Optional in Most States)

Physician's Name (Printed)

Date of Exam

Expires On

09/25/2008

LAST NAME CABRERA-MOCK

FIRST NAME SUZI

FIT TEST REPORT

ID NUMBER (b) (6)

LAST NAME CABRERA-MOCK

CUSTOM1

FIRST NAME SUZI

CUSTOM2

COMPANY CES ENVIRONMENTAL

CUSTOM3

LOCATION HOUSTON TX 77021

CUSTOM4

NOTE

TEST DATE 09/25/2008

PORTACOUNT S/N 17358

TEST TIME 12:43

N95-COMPANION N

DUE DATE 09/25/2009

RESPIRATOR SCOTT AV 2000 FULL FACE

PROTOCOL OSHA 29CFR1910.134

MANUFACTURER SCOTT

PASS LEVEL 500

MODEL AV 2000

MASK STYLE FULL FACE

APPROVAL

MASK SIZE LG

EFFICIENCY <99% N

<u>EXERCISE</u>	<u>DURATION (sec)</u>	<u>FIT FACTOR</u>	<u>PASS</u>
NORMAL BREATHING	60	127000	Y
DEEP BREATHING	60	117000	Y
HEAD SIDE TO SIDE	60	63100	Y
HEAD UP AND DOWN	60	34200	Y
TALKING	60	4810	Y
GRIMACE	15	Excl.	
BENDING OVER	60	39600	Y
NORMAL BREATHING	60	89700	Y

OVERALL FIT FACTOR

22800

Y

FITTEST OPERATOR

D. LUNA

DATE

NAME

SUZI CABRERA-MOCK

DATE

Suzi Cabrera-Mock

EPAHO043001369

09/25/2008

LAST NAME CABRERA-MOCK

FIRST NAME SUZI

FIT TEST REPORT

ID NUMBER (b) (6)

LAST NAME CABRERA-MOCK

CUSTOM1

FIRST NAME SUZI

CUSTOM2

COMPANY CES ENVIRONMENTAL

CUSTOM3

LOCATION HOUSTON TX 77021

CUSTOM4

NOTE

TEST DATE 09/25/2008

PORTACOUNT S/N 17358

TEST TIME 12:15

N95-COMPANION N

DUE DATE 09/25/2009

RESPIRATOR 3M 7800 FULL FACE [500]

PROTOCOL OSHA 29CFR1910.134

MANUFACTURER 3M

PASS LEVEL 500

MODEL 7800

MASK STYLE FULL FACE

APPROVAL

MASK SIZE MD

EFFICIENCY <99% N

<u>EXERCISE</u>	<u>DURATION (sec)</u>	<u>FIT FACTOR</u>	<u>PASS</u>
NORMAL BREATHING	60	1730	Y
DEEP BREATHING	60	1020	Y
HEAD SIDE TO SIDE	60	2140	Y
HEAD UP AND DOWN	60	1920	Y
TALKING	60	1400	Y
GRIMACE	15	Excl.	
BENDING OVER	60	1430	Y
NORMAL BREATHING	60	1660	Y

OVERALL FIT FACTOR

1530

Y

FITTEST OPERATOR

D.LUNA

DATE

NAME

DATE

SUZI CABRERA-MOCK

Suzi Cabrera-Mock

9-25-08



Pulmonary Function Test (PFT):
Pre-Test Check-off Sheet

Subject Name SUZIE CABRERA-MOCK

➤ Take a sitting BP reading (If greater than 140/90 consult provider)

➤ Initial reading 118/84 Subsequent readings: _____/_____/_____

Pulse: 84 HT: 165 WT: 236

➤ Review the PFT pre-test questions with subject

1. Have you had or do you have any recent or current illness or infection within the last 3 months?

☒

YES

☐

NO

chest
abdomen
eye
ear
dental

(if yes to any of the above, consult provider)

2. Recent surgeries within 6 months?

☐

YES

☒

NO

chest,
abdomen,
eye,
ear, or
dental

(if yes to any of the above, consult provider)

3. Used a bronchodilator within the last 4 hours? Document name _____

☐

YES

☒

NO

4. History of significantly elevated BP? (consult provider)

☒

YES

161/102

☐

NO

5. Pregnancy? (postpone if in the last trimester)

☐

YES

☒

NO

6. Had a heavy meal in the last 2 hours? (document time) _____

☐

YES

☒

NO

7. Smoked in the last hour? (document time) 15 mins ago

☒

YES

☐

NO

8. Previous problems with a PFT test? (document)

☐

YES

☒

NO

9. Tight restrictive clothing (loosen)

☐

YES

☒

NO

10. Loose dentures (remove)

☐

YES

☒

NO

11. Gum, candy, or chewing gum in mouth (remove)

☐

YES

☒

NO

Prepared by NB

Reviewed by VJD 10-31-07

EPAHO043001371

© Flavia's Legacy, LLC

SUZLA MOCK
(b) (6)

Pay to the order of _____

POSTED
11-1-08

2679
88-8667/3131

Date _____ \$ _____ Dollars

Security Features Details on Back



**DuPont
Goodrich**
Federal Credit Union

P.O. Box 1305
Nederland, TX 77627
Phone : 409-727-2351

For _____

MP

(b) (6)

2679

Harland Clarke

FLAVIA® HARLEQUIN



10909 I-10 EAST FREEWAY

HOUSTON, TEXAS 77029

(713) 973-7943

FAX (713) 973-7947

RESPIRATOR FIT TESTING RECORD
NAME: CARRERA Mock, Suzi
(b) (6) NEXT TEST DATE: 9-25-09
EMPLOYER: ENVIRONMENTAL
TEST TYPE: FULL FACE
TEST RESULT: PASS
TESTER: LG SCOTT
APPROVAL: 1530
FIT FACTOR: 22800
DATE: 9-25-08

ATN

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**STEP 2: COMPLETED BY COLLECTOR**

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

COPY 4 - EMPLOYER COPY

EPAHQ043001375

We want you to know™



**Employer
Secure
Website**

**Message! Your previous transaction has been applied.
Subscriber name = Suzi A. Mock, SSN = 547470448**

Find/Enroll Subscriber

Instructions:

*Indicates required entry

To Find or Enroll a new Subscriber:

- Enter the Subscriber's Social Security Number (e.g. xxxxxxxx) and select "Continue".

Access Find/Enroll Subscriber for detailed information.

Shortcuts

- > History
- > DocFind
- > Help
- > Exit

***Please Enter Subscriber Social Security Number:**

***Please Select the Plan Sponsor Name**
for this subscriber:





Enrollment/Change Request

Aetna Health Inc.

Employer Group Information (To Be Completed by Employer)	Group Name / Employer Name - Full Name of Business or Organization	Control	Suffix	Account	Plan Number
		Group Number	Class Code		

A. Type of Activity - Employee Completes Sections A - E. Please Print Clearly.

Instructions: Refer to the instructions on the back before completing this form. You must complete this application in full or it will be returned to you resulting in a delay in processing. You are solely responsible for its accuracy and completeness.	Enrollment <input type="checkbox"/> New Enrollee/Subscriber Effective Date: / / Date of Hire: / /	Change - Check all that apply: <input type="checkbox"/> Add Spouse <input type="checkbox"/> Add Dependent Child <input type="checkbox"/> Name Change <input type="checkbox"/> Other <input type="checkbox"/> Change Plan <input type="checkbox"/> Control/Suffix/Acct/Plan	Date of Event: / / Reason: / /	Remove or Terminate - Check all that apply: <input type="checkbox"/> Remove Spouse <input type="checkbox"/> Remove Dependent Child <input type="checkbox"/> Employee Withdrawal/Termination Effective Date: / / Reason: / /	Continuation of Coverage, i.e., COBRA, State - Not all options are available. Contact Employer for available options. Coverage For: <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Dependents Length of Continuation (months): <input type="checkbox"/> 18 <input type="checkbox"/> 36 <input type="checkbox"/> Other <input type="checkbox"/> 29 - Attach disability determination from the Social Security Admin. Date of Loss of Coverage: / / Date of Qualifying Event: / / Continuation of Coverage Expiration Date: / /
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B. Employee Information

(b) (6)		Last Name, First Name, M.I. <u>Mock, Suzi A</u>		(b) (6)	
(b) (6)		Apt. No.	City, State <u>Port Arthur TX</u>	ZIP Code <u>77640</u>	
Employer Name				Work Telephone ()	
Work Address			City, State	ZIP Code	

C. Plan Options - Your selection(s) must be offered by your employer.

<input type="checkbox"/> HMO <input type="checkbox"/> Aetna Open Access™ HMO <input checked="" type="checkbox"/> Aetna Choice™ POS <input type="checkbox"/> Aetna Health Network Option™ <input type="checkbox"/> Aetna Health Network Only™	<input type="checkbox"/> QPOS® <input type="checkbox"/> Aexcel® <input type="checkbox"/> Aexcel® Plus	Available options with Aetna Health Network Option and Aetna Health Network Only. Check one.	Indicate Plan Name Primary Copay: <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$15 <input type="checkbox"/> Other \$
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D. Individuals Covered - List individuals for whom you are adding/changing/removing coverage.

* Provide details for "Yes" responses below.

Attach sheet to list additional children. Attach proof if full-time college student if age 25 or older.

(A)dd (C)hange (R)emove	Last Name, First Name, M.I.	Sex M F	Birthdate MM DD YYYY	Social Security Number (If dependent has no SSN, write "None")	Other Medical Coverage	Other Rx Drug Coverage	Handi-capped	Student	Primary Office ID Number (Not required for Aetna Open Access HMO, Aetna Choice POS or Out-of-Network coverages for any plan.)	Current Patient	Dentist Office ID Number (If applicable)	Current Patient	Race/Ethnicity - Optional (This information is designed for the purpose of data collection and will not be used for determining eligibility, rating or claim payment.)
A	Employee <u>Mock, Suzi A</u>	<input type="checkbox"/> <input checked="" type="checkbox"/>	(b) (6)	(b) (6)	Yes * <input type="checkbox"/>	Yes * <input type="checkbox"/>	Yes N/A	Yes N/A		Yes <input type="checkbox"/>		Yes <input type="checkbox"/>	Code <u>01</u> Other
	Spouse	<input type="checkbox"/> <input type="checkbox"/>	/ /		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Child	<input type="checkbox"/> <input type="checkbox"/>	/ /		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Child	<input type="checkbox"/> <input type="checkbox"/>	/ /		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Child	<input type="checkbox"/> <input type="checkbox"/>	/ /		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

1. If "Yes" to Other Medical Coverage above, provide effective dates, name & policy number of insurance carrier, HMO, or other source and your Member Identification Number.	3. Does any dependent listed above live at a different address than the employee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," who and what address? Explain the circumstances:	4. If any dependent's last name differs from yours, explain the circumstances. 5. Is your spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," provide name and address of spouse's employer.
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E. Employee Signature

☐ By checking this box you agree to use Aetna Navigator, Aetna's member self-service website, for all future printed materials and understand you may choose to receive paper documents in the future.

If you have questions concerning the benefits provided by or excluded under this Agreement, contact a Member Services representative at 1-800-323-9930 before signing this form.

I certify that all information supplied in this form is true and complete to the best of my knowledge and/or belief. I have read and agree to the Conditions of Enrollment on the reverse side of this Enrollment/Change Request form.	Employee Signature - Required <u>X Suzi Mock</u> Date <u>12/3/08</u> E-Mail Address	Do you have a disability which affects your ability to communicate or read? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," please indicate the nature of your disability.	What is your primary language? ¿Cuál es su primer idioma? <u>English</u>
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Employee copy may be used as a temporary ID card for 30 days from the effective date if authorized by employer. Coverage must be verified with Aetna prior to visiting a specialist or admission to a hospital.

Instructions

Employer - Complete the **Employer Group Information** at the top of the form.

Employee - Complete Sections A - E.

Section A - Type of Activity:

- Check box(es) indicating reason(s) for submitting this Enrollment/Change Request.
- Provide Effective Date(s) and Date of Event(s) where requested.

Section B - Employee Information: Complete **all** information in order for your Enrollment/Change Request to be processed.

Section C - Plan Options:

- Select only an option(s) offered by your employer.
- Check *one* Plan Option box in the left column. If you have selected the Aetna Health Network Option or Aetna Health Network Only, check *one option* in the right column.
- Where applicable, indicate Plan Option Name and check *one* Primary Copay.

Section D - Individuals Covered:

- Add/Change/Remove - Use "A", "C", or "R" to indicate whether you are adding, changing or removing coverage for an individual.
- Print your full name along with the name(s) of your dependent(s), if applicable. Indicate Sex, Birthdate, and Social Security Number for each individual listed.
- If you or your dependent(s) have **Other Medical Coverage**, check the "Yes" box and provide beginning and ending effective dates, name and policy number of insurance carrier, HMO or other source and your **Member Identification Number** for the insurance plan in the space provided in Number 1.
- If you or your dependent(s) have **Other Rx Drug Coverage**, check the "Yes" box and provide beginning and ending effective dates, name and policy number of insurance carrier, HMO or other source and your **Member Identification Number** for the insurance plan in the space provided in Number 2.
 - **NOTE:** In some instances your medical carrier will differ from your Rx drug carrier.
- If a dependent is Handicapped and financially dependent, check "Yes" and provide proof of handicapped status from the attending physician.
- If a dependent is a full-time Student age 25 or older, check "Yes". You **must** attach a current course schedule or a letter from the school confirming full-time student status (12 or more credits).
- Primary Medical Office ID Number/Primary Dental Office ID Number: Locate the office ID number for the primary care physician and/or dentist (if applicable) from the appropriate provider directory or from "DocFind[®]", Aetna's online provider directory at "www.aetna.com".
 - **NOTE:** You are not required to select a primary care physician for the Aetna Open Access HMO or Aetna Choice POS plan options or Out-of-Network coverages for any plan.
- If you are a current patient, please check the "Yes" box under Current Patient.
- *Optional* - Using the KEY provided, please enter the Race/Ethnicity code for each individual. If your Race/Ethnicity is "Other," print the Race/Ethnicity for each individual in the space provided.

Section E - Employee Signature:

- Complete this section for all new enrollments or coverage changes.
- Employee must sign and date the Enrollment/Change Request in order for it to be processed.
- By checking the box on the reverse side you agree to use Aetna Navigator, Aetna's member self-service website, for all future printed materials and understand you may choose to receive paper documents in the future.

Conditions of Enrollment

Applicant Acknowledgments and Agreements

On behalf of myself and the dependents listed on the reverse side, I agree to or with the following:

1. I acknowledge that by enrolling in the following plans, coverage is underwritten or administered by the following entities (collectively referred to as "Aetna"):
 - HMO / Aetna Health Network Only: Aetna Health Inc.
 - QPOS / Aetna Choice POS / Aetna Health Network Option: Aetna Health Inc., Corporate Health Insurance Company, and/or Aetna Life Insurance Company.
2. I authorize deductions from my earnings for any contributions required for coverage and I agree to make any necessary payments as required for coverage.
3. I understand and agree that this Enrollment/Change Request may be transmitted to Aetna or its agent by my employer or its agent. I authorize any physician, other healthcare professional, hospital or any other healthcare organization ("Providers") to give Aetna or its agent information concerning the medical history, services or treatment provided to anyone listed on this Enrollment/Change Request form, including those involving mental health, substance abuse and HIV/AIDS. I further authorize Aetna to use such information and to disclose such information to affiliates, Providers, payors, other insurers, third party administrators, vendors, consultants and governmental authorities with jurisdiction when necessary for my care or treatment, payment for services, the operation of my health plan, or to conduct related activities. I have discussed the terms of this authorization with my spouse and competent adult dependents and I have obtained their consent to those terms. I understand that this authorization is provided under state law and that it is not an "authorization" within the meaning of the federal Health Insurance Portability and Accountability Act. This authorization will remain valid for the term of the coverage and so long thereafter as allowed by law. I understand that I am entitled to receive a copy of this authorization upon request and that a photocopy is as valid as the original.
4. The plan documents (Schedule of Benefits, Group Agreement, Certificate of Coverage, Group Policy, Group Insurance Certificate) will determine the rights and responsibilities of member(s) and will govern in the event they conflict with any benefits comparison, summary or other description of the plan.
5. I understand and agree that with the exception of Aetna Rx Home Delivery, all participating providers and vendors are independent contractors and are neither agents nor employees of Aetna. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed and provider network composition is subject to change. Notice of the change shall be provided in accordance with applicable state law.
6. I understand and agree that, with certain exceptions described in the plan documents, HMO plans only provide coverage for referred benefits, and that, in order to be covered, services must be performed either by a participating primary care physician, or by the participating specialist, hospital, pharmacy, dentist, or other provider as authorized by a referral from a participating primary care physician.
7. **ATTENTION FEMALE MEMBERS:** Your choice of PCP affects your choice of an OB/GYN. In selecting your PCP, remember that your PCP's network affects your choice of OB/GYN. You have the right to receive services from an OB/GYN without first obtaining a referral from your PCP. However, the OB/GYN from whom you receive services must belong to the same network as your PCP. This is another reason to make certain that your PCP's network includes the specialists - particularly the OB/GYN - and hospitals that you prefer. You are not required to designate an OB/GYN. You may elect to receive your OB/GYN services from your PCP.

Misrepresentation

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.



GUIDELINES FOR EMPLOYEE RESPIRATOR USE

CATEGORY I

TYPE OF RESPIRATOR	FVC 75% OR MORE FEV1/FVC RATION 70% OR MORE
SELF-CONTAINED	YES
AIR SUPPLIED	
CONTINUOUS FLOW	YES
DEMAND	YES
PRESSURE DEMAND	YES
CANISTER MASK	YES
CHEMICAL CARTRIDGE	YES
MECHANICAL FILTER	YES
RESPIRATOR WITH BLOWER	YES

CATEGORY II

TYPE OF RESPIRATOR	FVC 60% - 70% FEV/FVE RATIO 60% - 70% OF PREDICTED
SELF-CONTAINED	1 - 2 HOURS PER DAY
AIR SUPPLIED	
CONTINUOUS FLOW	YES
DEMAND	YES (NO MORE THAN 4 HOURS PER DAY)
PRESSURE DEMAND	YES (NO MORE THAN 4 HOURS)
CANISTER MASK	YES (1 - 2 HOURS PER DAY)
CHEMICAL CARTRIDGE	YES (1 - 2 HOURS PER DAY)
MECHANICAL FILTER RESPIRATOR	YES (1 - 2 HOURS PER DAY)
MECHANICAL FILTER RESPIRATOR WITH BLOWER	YES

CATEGORY III

TYPE OF RESPIRATOR	FVC 50% - 60% FEV/FVC RATIO 50% - 60% OF PREDICTED
SELF-CONTAINED	NO
AIR SUPPLIED	
CONTINUOUS FLOW	EMERGENCY ONLY
DEMAND	EMERGENCY ONLY
PRESSURE DEMAND	EMERGENCY ONLY
CANISTER MASK	NO
CHEMICAL CARTRIDGE	NO
MECHANICAL FILTER RESPIRATOR	NO
MECHANICAL FILTER RESPIRATOR WITH BLOWER	EMERGENCY ONLY

EMERGENCY ONLY MEANS BRIEF PERIODS WHEN NEEDED TO GO INTO OR TO GET OUT OF AN AREA, 15 TO 30 MINUTES AT MOST.

Spirometry Report
Puritan-Bennett Renaissance II
S/N: G080700627
Version: 1.1.11

CONCENTRA I-10 EAST

Session Date: 25SEP2008
Session Time: 12:05PM
Last Cal Check: 25SEP2008

BEST 3 FVC/FVL REPORT

ID: (b) (6)
Name: CABRERA-MOCK, SUZI
Gender: FEMALE
Medication:
Dosage:

Height: 65"
Age: (b) (6)
Weight:
Smoker:
Ethnicity/Correction: CAUCASIAN

Physician:
Technician:
Pack Yrs
Sensor Code: 847360
Temperature: 72F
Barometric Press: 760mmHg
BTPS Correction: 1.104
Normals: KNUDSON 83

Clinical Format: PREMED - 12:06PM
Best Criteria:

* Indicates Best Value
VAL

< Indicates Below LLN

MEASUREMENT	Trial 2	%Pred	Trial 3	Trial 1	Pred	LLN
FVC (L)	3.61*	102	3.52	3.57	3.51	2.70
FEV1 (L)	2.84	96	2.85*	2.72	2.95	2.08
FEV1%	79	94	81	76	84	72
FEF25-75 (L/S)	2.78*	81	2.98	2.41	3.40	
PEF (L/S)	4.16*	64	5.01	4.17	6.43	
FET (S)	6.89*		7.08	6.50		

BEST FEV1% 79*

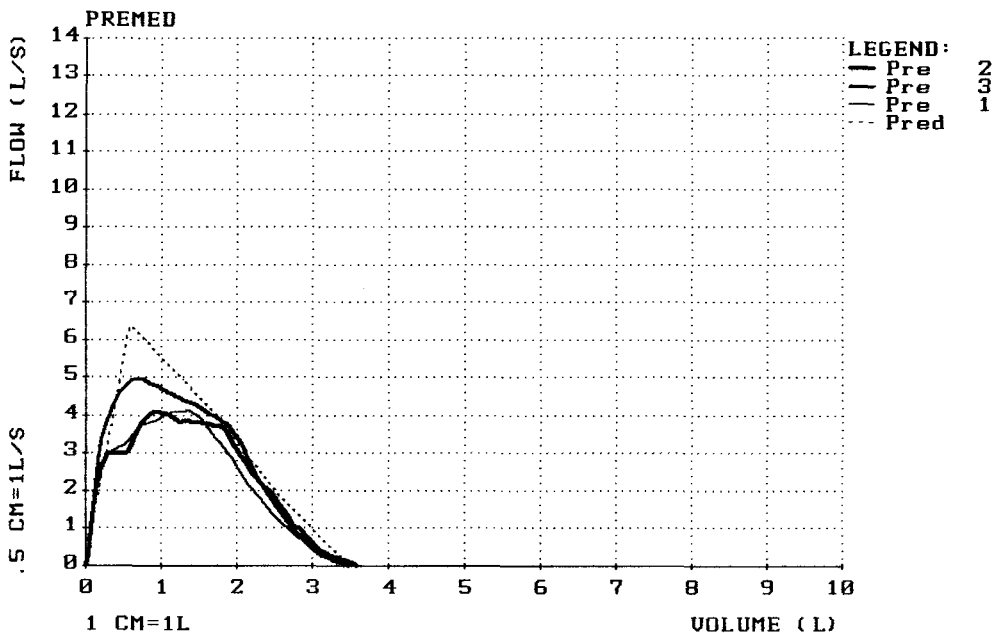
Report Summary:

Pre Med: Tests 3 Acceptable 3 Reproducible 2 FVC VAR: 40ML FEV1 VAR: 12ML PEF VAR: 855ML/S

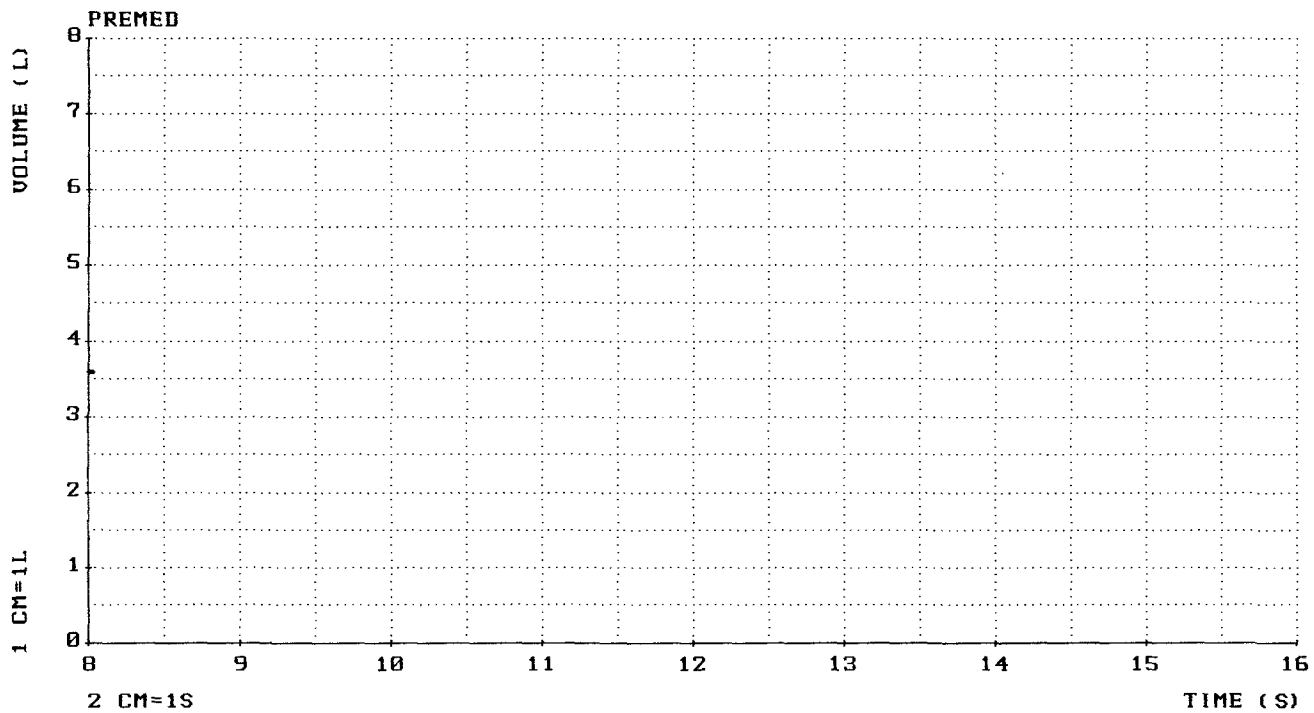
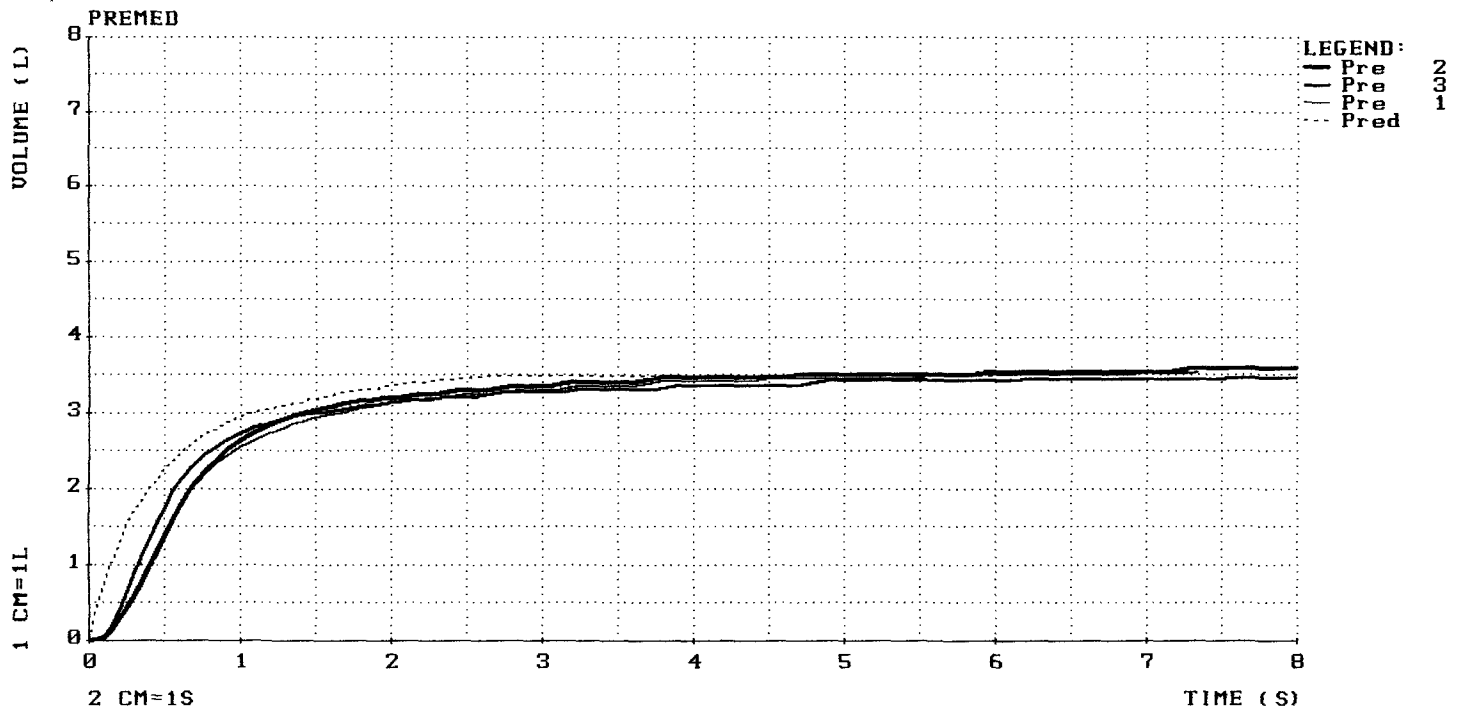
ATS Interpretation:

PREMED - Normal Spirometry
COPD Risk 2% If stop smoking: 1%

Lung Age: 41 YRS
Comment:



Cal 1





GUIDELINES FOR EMPLOYEE RESPIRATOR USE

CATEGORY I

TYPE OF RESPIRATOR	FVC 75% OR MORE FEV1/FVC RATION 70% OR MORE
SELF-CONTAINED	YES
AIR SUPPLIED	
CONTINUOUS FLOW	YES
DEMAND	YES
PRESSURE DEMAND	YES
CANISTER MASK	YES
CHEMICAL CARTRIDGE	YES
MECHANICAL FILTER	YES
RESPIRATOR WITH BLOWER	YES

CATEGORY II

TYPE OF RESPIRATOR	FVC 60% - 70% FEV/FVE RATIO 60% - 70% OF PREDICTED
SELF-CONTAINED	1 - 2 HOURS PER DAY
AIR SUPPLIED	
CONTINUOUS FLOW	YES
DEMAND	YES (NO MORE THAN 4 HOURS PER DAY)
PRESSURE DEMAND	YES (NO MORE THAN 4 HOURS)
CANISTER MASK	YES (1 - 2 HOURS PER DAY)
CHEMICAL CARTRIDGE	YES (1 - 2 HOURS PER DAY)
MECHANICAL FILTER RESPIRATOR	YES (1 - 2 HOURS PER DAY)
MECHANICAL FILTER RESPIRATOR WITH BLOWER	YES

CATEGORY III

TYPE OF RESPIRATOR	FVC 50% - 60% FEV/FVC RATIO 50% - 60% OF PREDICTED
SELF-CONTAINED	NO
AIR SUPPLIED	
CONTINUOUS FLOW	EMERGENCY ONLY
DEMAND	EMERGENCY ONLY
PRESSURE DEMAND	EMERGENCY ONLY
CANISTER MASK	NO
CHEMICAL CARTRIDGE	NO
MECHANICAL FILTER RESPIRATOR	NO
MECHANICAL FILTER RESPIRATOR WITH BLOWER	EMERGENCY ONLY

EMERGENCY ONLY MEANS BRIEF PERIODS WHEN NEEDED TO GO INTO OR TO GET OUT OF AN AREA, 15 TO 30 MINUTES AT MOST.

Advanced Toxicology Network
4900 Outland Center Drive Ste 103
MEMPHIS, TN 38118
(888) 290-1150

UDS Result Form

Result Information

Center : CMC - Houston I-10 East
Address : 10909 East Frwy
City : Houston, TX 77029
Attn : CMC/TX-HOUSTON I-10 EAST

Specimen ID : 316665878
Result : **NEGATIVE**
Status : Reported
Sub Acct : NDOT

Patient Name : Cabrera-Mock, Suzi
Patient SSN : (b) (6)
Profile : DRUG SCREEN: 10 PANEL
Reason : Pre-Employment
Rejection :

Contact Name : Prabhakar Thangudu
Location : CES Environmental
Mail Address : 4904 Griggs Rd
HOUSTON, TX 77021

Date Collected : 09/25/2008 Time : 11:50 AM
Date Received : 09/25/2008 Time : 10:27 PM
Date Reported : 09/29/2008 Time : 10:10 AM

Creatinine :
Ph :
Specific Grav :

Screened Summary

<u>Drug</u>	<u>Cutoff/GCMS</u>	<u>Cutoff/Screen</u>
Amphetamine	500	1000
Barbiturates	200	300
Benzodiazepines	200	300
Benzoylgonine	150	300
Carboxy-THC	15	50
Methadone	200	300
Methaqualone	200	300
Opiates	2000	2000
Propoxyphene	200	300
Phencyclidine	25	25

Comment Summary

Comment

Result Summary

Janet Putnam,
Lab Director

Physical Exam

Name: Cabrera-Mock, Suzi

SSN: (b) (6)

Date: 09/25/2008

PHYSICAL EXAM

Height: 105 Weight: 236 Temperature: _____ Vision: Uncorrected Corrected
B/P Resting 118/84 Pulse 84 Repeat B/P _____, _____ Near Rt 20/30 Near Rt _____
(2 min of ex) _____ Pulse _____ Lt 20/30 Lt _____
Respirations/min 14 Distant Rt 20/30 Distant Rt _____
Hearing to forced whisper @ 5 feet Rt NL Lt NL Color NL AB
Depth Perception NL AB

Heart

HEENT

Eyes

Globe NL AB
Pupils NL AB
EOM's NL AB
Funduscopy NL AB
Ocular Pressure:
Rt NL AB
Lt NL AB

Ears

Canal Clear Y N
TM Visualized Y N
Scarring of TM N Y
Drainage N Y

Nose NL AB

Mouth

Teeth NL AB
Throat NL AB

Skin NL AB

Neck NL AB

Thyroid NL AB

Chest Wall NL AB

Lungs NL AB

Rhythm NL AB

Auscultation NL AB

Abdomen NL AB

Abd. surg. scar N Y

Hernia

Umbilical N Y

Inguinal N Y

Femoral N Y

Varicocele N Y

Upper Extremity NL AB

Hands/Fingers NL AB

Legs NL AB

Knees NL AB

Knee surg. scar N Y

Feet/ankles NL AB

Varicosities NL AB

Up. ext. strength NL AB

Up. ext. ROM NL AB

Low. ext. strength NL AB

Low. ext. ROM NL AB

Back/spine ROM NL AB

Back surg. scar N Y

Neurological Exam:

Cran. nerves 2-12: NL AB

Reflexes

Babinski NL AB

Romberg NEG POS

Pupillary Rt NL AB

Lt NL AB

Accom. Rt NL AB

Lt NL AB

Biceps Rt NL AB

Lt NL AB

Knee Rt NL AB

Lt NL AB

Ankle Rt NL AB

Lt NL AB

Proprioception

Up. Ext. Rt NL AB

Lt NL AB

Low. Ext. Rt NL AB

Lt NL AB

Sensory Examination:

Up. Ext. Rt NL AB

Lt NL AB

Low. Ext. Rt NL AB

Lt NL AB

OPTIONAL:

Genitalia NL AB

Breast NL AB

Rectal NL AB

Comments:

ANCILLARY STUDIES

Urinalysis Spec. Gravity: 1.010 Albumin Neg Sugar Neg Blood Neg
EKG N/A NL AB See Results HPE NL AB

Comments:

Comments:

Lumbar X-Ray N/A NL AB See Results

Comments:

Pulmonary Function Test:

FEV1 ___ FVC ___ FEV1/FVC ___

Respirator Qualified? Y N

Comments:

Chest X-Ray N/A NL AB See Results

Comments:

Impairment Rating:

Comments:

Blood Analysis N/A NL AB See Results

Comments:

Audiogram N/A NL AB See Results

Comments:

Name: Cabrera-Mock, Suzi

SSN: (b) (6)

Date: 09/25/2008

Examination Results

_____ Able to perform essential functions as listed.

_____ Unable to perform all essential functions as listed. Please list failed essential function(s):

_____ No medical restrictions are indicated.

_____ The following medical restrictions are indicated:

_____ Recommend further evaluation.

Remarks: _____

9-25-08
med hold
[Signature]

Tanya S. Foley PA-C

Provider Print Name Here
[Signature]

Provider Signature

Advanced Toxicology Network
4900 Outland Center Drive Ste 103
MEMPHIS, TN 38118
(888) 290-1150

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Carboxy-THC	15	50
Methadone	200	300
Methaqualone	200	300
Opiates	2000	2000
Propoxyphene	200	300
Phencyclidine	25	25

Comment Summary

Comment

Result Summary

Janet Putnam,
Lab Director

EXCUSE SLIP

SEI CHANG OH, M.D.

515 Archie #3

Vidor, TX 77662

Telephone: (409) 769-2295

Date 5-5-09

Please Excuse Suzi Mock

FROM: ☒ Work ☐ School ☐ P.E.

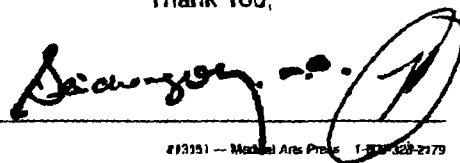
☐ Other _____

DUE TO: ☐ Injury ☐ Illness

☒ Other _____

From 5-4-09 to 5-5-09
Patient insisted on returning to work.

Thank You,


#13151 — Medical Arts Press 1-800-628-2179

EPAHQ04300138
X44 17.01 R007/50/

100/100

Subscriber Information									
Group Name:					Group #:				
Subscriber Name (Please Print): <u>Suzi Mock</u>					SSN or Member #: (b) (6)				
Requested Change Complete applicable section below									
Name Change		From (Name):				To (Name):			
Address Change		New Address:							
		City/State/Zip:				Telephone:			
Policy Change		<input type="checkbox"/> Plan Change - Effective Date: _____ (Please complete both sections)							
		Current Dental Plan:		Current Vision Plan:		Requested Dental Plan:		Requested Vision Plan:	
		<input type="checkbox"/> Platinum Indemnity <input type="checkbox"/> Platinum PPO <input type="checkbox"/> Gold PPO <input type="checkbox"/> Co-Pay Platinum <input type="checkbox"/> Co-Pay Gold <input type="checkbox"/> Discount Silver <input type="checkbox"/> Other _____		<input type="checkbox"/> Discount <input type="checkbox"/> Access Value <input type="checkbox"/> Access Classic Access Choice <input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Blue <input type="checkbox"/> Yellow <input type="checkbox"/> Purple		<input type="checkbox"/> Platinum Indemnity <input type="checkbox"/> Platinum PPO <input type="checkbox"/> Gold PPO <input type="checkbox"/> Co-Pay Platinum <input type="checkbox"/> Co-Pay Gold <input type="checkbox"/> Discount Silver <input type="checkbox"/> Other _____		<input type="checkbox"/> Discount <input type="checkbox"/> Access Value <input type="checkbox"/> Access Classic Access Choice <input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Blue <input type="checkbox"/> Yellow <input type="checkbox"/> Purple	
		<input type="checkbox"/> Cancel Entire Policy (Subscriber/Family) - Effective Date: _____							
		<input type="checkbox"/> Add Life Plan (Adding life coverage requires an enrollment form) A Beneficiary change requires a Beneficiary Designation Form which is submitted and kept by the employer.							
		<input type="checkbox"/> Delete / Add ONLY Dependents Listed Below - Effective Date: _____							
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		Last Name: _____ First: _____ MI: _____		Relation: _____ Sex: _____		Birth Date: _____ SSN: _____	
								<input type="checkbox"/> Dental <input type="checkbox"/> Life <input type="checkbox"/> Vision <input type="checkbox"/> AD&D	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		Last Name: _____ First: _____ MI: _____		Relation: _____ Sex: _____		Birth Date: _____ SSN: _____	
								<input type="checkbox"/> Dental <input type="checkbox"/> Life <input type="checkbox"/> Vision <input type="checkbox"/> AD&D	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		Last Name: _____ First: _____ MI: _____		Relation: _____ Sex: _____		Birth Date: _____ SSN: _____	
								<input type="checkbox"/> Dental <input type="checkbox"/> Life <input type="checkbox"/> Vision <input type="checkbox"/> AD&D	
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		Last Name: _____ First: _____ MI: _____		Relation: _____ Sex: _____		Birth Date: _____ SSN: _____	
								<input type="checkbox"/> Dental <input type="checkbox"/> Life <input type="checkbox"/> Vision <input type="checkbox"/> AD&D	
COBRA		<input type="checkbox"/> COBRA - Effective Date: _____ Type of COBRA (must choose one) <input type="checkbox"/> 18 months - Termination or from full to part-time <input type="checkbox"/> 36 months - Divorce, loss of Subscriber or loss of dependent child status				<input type="checkbox"/> Cancel COBRA - Effective Date: _____			
Reason/Status Change <small>(Required for all requested changes) Notice must be given to Dental Select within 30 days</small>		<input type="checkbox"/> Marriage - Date: _____ (Requires Subscribers Signature) <input type="checkbox"/> Loss/Gain of Other Coverage - Date: _____ <input type="checkbox"/> Divorce - Date: _____ (Requires Subscribers Signature)				<input type="checkbox"/> Death <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Renewal Date			
						<input checked="" type="checkbox"/> Terminated Employment Date: <u>6/15/09</u> <input type="checkbox"/> Full to Part-Time (will result in coverage termination)			
Signature Authorization		Employer Name: _____ Title: <u>HR</u>				Date Signed (MM/DD/YYYY): <u>6/30/09</u>			
		Employer's Signature: _____							
		Subscribers Signature: _____				Date Signed (MM/DD/YYYY): _____			
Please Note That Changes May Result in Premium Adjustments <small>Any person who knowingly, and with intent to defraud or deceive Dental Select or any other person, makes a request for insurance containing any false, incomplete or misleading information may be guilty of a crime. In the event there is a discrepancy regarding any information contained in this form, documentation will be required.</small>									
Mail: Dental Select (Attn: Eligibility) 5373 S. Green Street, 4th Floor, Salt Lake City, UT 84123 Fax: (801) 290-5101 Toll Free Fax: (888) 998-8704									

***** -IND. XMT JOURNAL- ***** DATE JUN-30-2009 ***** TIME 12:39 *****



DATE/TIME = JUN-30-2009 12:08
JOURNAL No. = 150
COMM. RESULT = OK
PAGE(S) = 004
DURATION = 00:03:59
FILE No. = 289
MODE = MEMORY TRANSMISSION
DESTINATION = 18012905101
RECEIVED ID =
RESOLUTION = STD

-CES Environmental Service-

***** DP-3010 ***** -

- ***** - 713 676 1676- *****

Employer Home User Administration My Account Data Transfer Logout

 	New Hires	Terminations	Verification of Employment	Medical Support	Wage Withholding	Payments	
--	------------------	---------------------	-----------------------------------	------------------------	-------------------------	-----------------	--


General Information All submitted records for the company(s) you are authorized to report on may be viewed, edited, or printed.

Online Reporting This is a record of the current daily work and is only available prior to the processing of the record.

Report Termination

View Today's Activity To edit a record, click the number in the Edit column.

To print the detail of today's activities, click the Print button on your browser.

Edit	Employee Name	Form Type	FEIN	Legal Name	Submitted	Submitted By	Processed
1	(b) (6)		760592985	CES ENVIRONMENTAL SERVICES INC	06/23/2009 12:59:55	WRIGHT, ANISSA	
							

[Portal Tips](#) | [Accessibility](#) | [Privacy & Security Policy](#)



Group Protection

Online Services

[How Do I](#) | [Profile](#) | [Help](#) | [Logoff](#) | [Change Password](#)

[Member Detail](#)

[Home](#) | [Member](#) | [Billing](#) | [Policy](#) | [Forms](#) | [Admin Guide](#) | [Participating Dentists](#) | [Requests](#) | [Claims](#) | [Electronic Payment](#)
[Alerts](#) | [Work Queue](#) | [Delegated Admin](#) | [Member Access](#) | [Group Information](#) | [Contact Us](#)

Mock, Suzi A. as of 06-30-2009

[Refresh](#)

SSN (b) (6)
 Birthdate (b) (6)
 Sex Female
 Hire Date 09-25-2008
 Term Date 06-30-2009
 Address

Name Mock, Suzi A.
 Salary H
 Occupation Inventory/Maintenance
 Rehire Date
 Status Terminated

Note: To view changes with a future effective date enter the date of the change and press refresh.

Coverages

Coverage	Effective	Termed	Status	Sub Status	Class	Tier/Volume	Premium	Account
AD&D	12-01-2008	06-30-2009	T		1 - All Full-Time Employees			747080
Life	12-01-2008	06-30-2009	T		1 - All Full-Time Employees			747080
Voluntary Life	02-01-2009	06-30-2009	T		1 - All Full-Time Employees			747080
Voluntary AD&D	02-01-2009	06-30-2009	T		1 - All Full-Time Employees			747080

Dependents

SSN	First	Last	Sex	Birthdate	Effective	Termed	Student	Units	Relation
-----	-------	------	-----	-----------	-----------	--------	---------	-------	----------

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This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.
- Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:
 - The parent-employee dies;
 - The parent-employee's hours of employment are reduced;
 - The parent-employee's employment ends for any reason other than his or her gross misconduct;
 - The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
 - The parents become divorced or legally separated; or
 - The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to your Human Resource and Support Services Supervisor. You will need present the appropriate documentation supporting your request for COBRA coverage (e.g., Birth Certificate, Certificate of Divorce or Legal Separation...etc).

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. You will need to provide the appropriate supporting documentation in order to request a disability extension of coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Aetna
PO Box 88874
Chicago, IL 60695-1874
1-800-323-9930

Please sign below indicating that you have read and understand the terms of your rights to continued medical coverage under the Consolidated Omnibus Budget Reconciliation Act.

Employee Name (print)

Suz mock

Date:

6/8/09

Employee Signature

Suz mock

**Form I-9, Employment
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last <u>Mock</u>	First <u>Suzanne</u>	Middle Initial <u>A</u>	Maiden Name <u>Benshaw</u>
Address (Street Name and Number) <u>(b) (6)</u>		Apt. # <u>(b) (6)</u>	Date of Birth (month/day/year) <u>(b) (6)</u>
City <u>Port Arthur</u>	State <u>TX</u>	Zip Code <u>77640</u>	Social Security # <u>(b) (6)</u>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen of the United States
☐ A noncitizen national of the United States (see instructions)
☐ A lawful permanent resident (Alien #) _____
☐ An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year) _____

Employee's Signature Suzanne Mock Date (month/day/year) 6/8/09

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

CES/PACES Company Policy

<u>THINK...</u> <u>USE GOOD</u> <u>JUDGMENT</u>	 CES Environmental Services, Inc.	<u>YOUR</u> <u>ATTITUDE</u> <u>COUNTS</u>
Date Issued: <u>07/24/2007</u>	DEPARTMENT(S): - <u>Operations</u> - <u>Processing</u> - <u>Maintenance and Field</u> <u>Services</u> - <u>Sales, Finance, and</u> <u>Administration</u>	Revised Date: <u>06/04/2009</u>
Policy Number: <u>07-008</u>	Policy Title: <u>Time Card Use</u>	Policy Description: Explanation of when Hourly Employees need to clock in and clock out.

1 Purpose:

This Policy is in place in order to ensure **CES Environmental Services, Inc. (CES) and Port Arthur Chemical and Environmental Services, LLC (PACES) Employees** are correctly compensated for their time and that the company is managed as efficiently as possible.

2 General:

All Hourly and Salary **Employees** are required to clock in and out to correctly represent the time spent working for the company. Repeated failure to clock in or out will result in disciplinary action up to and including termination.

The only **Employees** exempt from punching the time clock are **Drivers** (when they are out of town); as well as those individuals expressly authorized by the President of CES/PACES. **Drivers** who are out of town are required to keep a log of all driving and work hours; which should be submitted to their **Logistics Supervisor** for approval.

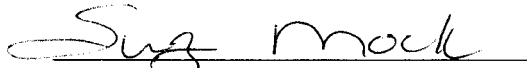
If an **Employee** cannot remember if he/she punched or not, it is always better to punch again. If the **Employee** forgets to punch his/her time clock, they must inform their **Upper or Mid Level Manager** immediately. The **Upper or Mid Level Manager** will then report the missed punches to the **Office Supervisor** for corrections.

Furthermore, all **Employees** are required to take a minimum thirty (30) minute lunch break and to clock out and in before and after the lunch break. Failure to clock out or in for lunch will result in a deduction of one (1) hour for that day, regardless of whether or not the **CES Employee** actually took a one (1) hour lunch break.


Employee Name: Suzi Mall Signature: Suz Mall Date: 4/8/09

FAIR CREDIT REPORTING STATEMENT

By this document, CES Environmental Services, Inc discloses to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics, and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to signify receipt of the foregoing disclosure.


Signature of Candidate

HR Representative Signature


Date

BEAUMONT BONE AND JOINT INSTITUTE

3650 LAUREL
BEAUMONT, TEXAS 77707
(409) 838-0346

2501 JIMMY JOHNSON BLVD., SUITE 400
PORT ARTHUR, TEXAS 77640
(409) 729-5633

This patient Suzie Mock (may) (may not) return
to his / her (regular) (light) (work) (P.E.) on 6/8/09,
for _____ weeks.

Restrictions No weight on left foot
at any time

Kept his / her appointment in our office _____

Please excuse his / her absence.

[Signature] M.D.
Date: 6/3/09

Revised 4/06

Suzi Mock

PROPRIETARY and CONFIDENTIAL
Property of CES Environmental Services, Inc & Port Arthur Chemical &
Environmental Services, LLC.

Please check one:

- ☐ CES Environmental Services, Inc.
☐ Port Arthur Chemical and Environmental, LLC

EMPLOYMENT APPLICATION

Equal Opportunity Employer

COMPLETE THIS APPLICATION IN ITS ENTIRETY.

- Type or Print in Blue or Black Ink.
- Specify the Position for which you are applying.
- Sign your Name on the back of the Application. All Information provided is subject to Verification.
- Applications that are not completed in their entirety will not be considered for Employment reasons.
- **Note:** You may be required to complete a Post-Offer Medical Examination and/or Drug Screen as a condition of Employment.
- Applications for Employment are retained in CES Environmental Services, Inc. Active File for 60 Days only.
- Applicants must reapply after that time if they are interested in specific posted openings.

POSITION APPLYING FOR

Position: _____

Date Available: _____

How did you hear about this Position? _____

Personal Information

Suzi A. Mock

Name

(b) (6)

Social Security Number

Date of Birth

(b) (6)

Other Names Used

(b) (6)

Drivers License

Address

(b) (6)

Home Phone

(b) (6)

Business Phone

Cell Phone

Email Address

If you have lived at your Current Address for Less Than Seven Years, please provide Previous Address(es). Use the back of this sheet if necessary.

Are you Seeking ☒ Full-Time Position ☒ Part-Time Position ☐ Temporary Position ☐

When will you be available for Employment? _____ What Schedule are you Available to Work? 1st ☐ 2nd ☐ 3rd ☐

Will you Travel? Yes ☒ No ☐ Relocate? Yes ☐ No ☐

Indicate any Travel or Relocation Limitations: _____

Are you at least 18 Years of Age? Yes ☒ No ☐

Are you currently authorized to work in the United States? Yes ☒ No ☐ Do You Possess a TWIC card? Yes ☒ No ☐

Have you ever worked for or applied for work at CES Environmental Services or Port Arthur Chemical & Environmental Services, LLC. previously? Yes ☐ No ☒

If Yes, When, What Position, and for Which Department? _____

Do you have any Relatives working for CES Environmental Services or Port Arthur Chemical & Environmental Services, LLC?
Yes ☐ No ☒

EPAHO043001399

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Personal Information (Continued from First Page)

Do you have a Pending Criminal Charge against you and/or have you ever been Convicted of a Crime, excluding Misdemeanors and Offenses which have been Annulled, Expunged or Sealed by the Court?

Yes ☐ No ☒ If Yes, please explain below. You may attach another Sheet if necessary. **Note:** A Conviction Record will not automatically Bar Employment with CES Environmental Services or Port Arthur Chemical & Environmental Services, LLC.

Nature of Charge	Disposition	Date
------------------	-------------	------

Nature of Charge	Disposition	Date
------------------	-------------	------

Education

School	Address	Study	Dates	Graduate?	Degree
High School	Vintage High Napa, CA	General Education	9/85- 6/89	YES	Diploma
College/University	Lamar University				
Business School					
Other					

Job Related Skills, Training and/or Qualifications

Please list any Job related Skills, Certifications or Training you have: Are you TWIC certified? Yes ☒ No ☐

What Language(s) do you Speak? _____

At what Proficiency Level? _____

Military Service History

Are you currently or have you been a Member of the U.S. Armed Forces? Yes ☐ No ☒

If so, which Branch of Service? Army ☐ Navy ☐ Air Force ☐ Marines ☐ Coast Guard ☐

What was your Discharge Status? Honorable ☐ Other Than Honorable ☐

Service Entry Date N/A

Discharge Date N/A

Comments (Note any Special Training or Recognition received): _____

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List each Position held, starting with your most recent. Account for all periods of time, including Full-Time, Part-Time, and Temporary Employment as well as periods of Unemployment. List the Duties you performed and identify Product Lines, Processes, Equipment, Materials, and Financial Responsibilities. Please use additional paper if necessary. **PLEASE COMPLETE IN ITS ENTIRETY. CONTACT INFORMATION IS REQUIRED.**

Previous Employment

Name of Present or Previous Employer		/ to / Dates (Month/Year)	
Starting Title	Present/Last Title	Starting Pay	Ending Pay
Supervisor	Supervisor's Title	Phone	
Address	City	State	Zip Code
Duties			
Reason for Leaving			
May we Contact this Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Previous Employment

Name of Present or Previous Employer		/ to / Dates (Month/Year)	
Starting Title	Present/Last Title	Starting Pay	Ending Pay
Supervisor	Supervisor's Title	Phone	
Address	City	State	Zip Code
Duties			
Reason for Leaving			
May we Contact this Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Previous Employment

Name of Present or Previous Employer		/ to / Dates (Month/Year)	
Starting Title	Present/Last Title	Starting Pay	Ending Pay
Supervisor	Supervisor's Title	Phone	
Address	City	State	Zip Code
Duties			
Reason for Leaving			
May we Contact this Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			

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References (Please list Three References)

Name	Relationship		
Title	Telephone #	Work	Home
Name	Relationship		
Title	Telephone #	Work	Home
Name	Telephone #	Work	Home
Title	Relationship		

Authorization for Background Check

As part of our procedure for Processing your Employment Application and determining your eligibility for a Position with CES Environmental Services, Inc (CES) or Port Arthur Chemical & Environmental Services, LLC. (PACES) Criminal Records and other Background Checks may be obtained regarding you for Employment purposes. I hereby Consent to and Authorize CES and PACES or its Designated Agent to obtain One or More Consumer/Investigative Reports in connection with my Application for Employment. Such Reports may include, but are not limited to Information regarding my Criminal Record, Driving Record, Credit, Employment History, and Performance or other Investigative Reports, from such Agencies which may include, but are not limited to, Criminal Records Search Agencies and Consumer Information/Credit Bureaus. I acknowledge that I have read the Information contained on this Form carefully and Certify that all of the Information on the attached Data Sheet and in my Application for Employment is true and complete to the best of my knowledge. I also hereby release CES and PACES and its Officers, Directors, Shareholders, Employees, and other Agents and all other Persons, Companies, Schools, Consumer Information Agencies, Records Search Firms and other Entities of and from any and all potential liability arising from inquiries by CES and PACES and its Agents in connection with the Background Checks and/or Compilation or use of such Reports regarding me.

Signature: _____ Date: _____

Printed Name: _____

Acknowledgements

I certify that all the Information contained in this Application (and/or accompanying Resume, if any) is true and correct. It is understood and agreed that any misrepresentation made in this Application (and/or accompanying Resume) will be sufficient cause for separation from CES Environmental Services, Inc. (CES) or Port Arthur Chemical & Environmental Services, LLC. (PACES) if I have been Employed. Furthermore, I understand that I am free to Resign at any time, and CES or PACES reserves the right to Terminate my Employment at any time, with or without notice, and that no Representative of CES or PACES has the authority to make assurances to the contrary. Further, I understand that neither this Application nor any Handbook for Employees is intended to be or shall be construed to be an offered Contract or a Contract between CES or PACES and any of its Employees. If Employed by CES or PACES, I agree to conform to the Company's Policies and Procedures. I acknowledge and understand that I am Required to Sign the Universal Mandates Acknowledgement upon Hire.

Signature: _____ Date: _____

Reference Verification: Authorization for Release of Information
Non - DOT Regulated Positions

This section to be completed by prospective employer and signed by the applicant.

Employee Printed or Typed Name: Suzi mock

Employee SS or ID Number: (b) (6)

I hereby consent to and authorize CES or its designated agent to obtain one or more consumer/investigative reports in connection with my application for employment. Such reports may include, but are not limited to information regarding my criminal record, driving record, credit, employment history and performance, or other investigative reports, from such agencies which may include, but are not limited to, criminal records search agencies and consumer information/credit bureaus. I acknowledge that I have read the information contained on this form carefully and certify that all of the information on the attached data sheet and in my application for employment are true and complete to the best of my knowledge. I also hereby release CES Environmental Services, Inc. and its officers, directors, shareholders, employees and other agents and all other persons, companies, schools, consumer information agencies, records search firms and other entities of and from any and all potential liability arising from inquiries by CES and its agents in connection with the background checks and/or compilation or use of such reports regarding me.

Signature Suzi mock Date 6/8/09

Printed Name Suzi mock

Prospective Employer:

CES Environmental Services, Inc
4904 Griggs Rd
Houston, TX 77021
Office: 713-676-1460
Fax: 713-676-1676
Attn: Human Resource

Previous Employer Name: _____

Address: _____

Phone: _____ Fax: _____

This section to be completed by the Previous Employer and transmitted by mail or fax to Prospective Employer.

1. Please verify dates of employment _____ Title _____

2. Please provide description of duties _____

3. Was this employee timely and dependable? Yes ☐ No ☐ Honest? Yes ☐ No ☐

4. Is this employee eligible for rehire? Yes ☐ No ☐

Name of the person providing the verification information: _____

Title: _____ Phone: _____ Date: _____

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Environmental Services, LLC.

**Reference Verification: Authorization for Release of Information
DOT Regulated Positions**

This Section to be completed by prospective Employer and Signed by the Applicant.

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize the release of Information from my Department of Transportation regulated Drug and Alcohol Testing Records by my previous Employer(s). This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that Information to be released is limited to the following DOT Regulated Items:

- Alcohol Tests with a result of 0.04 or Higher.
- Verified Position Drug Tests.
- Refusals to be Tested.
- Other Violations of DOT Agency Drug and Alcohol Testing Regulations.
- Information obtained from previous Employers of a Drug and Alcohol Rule Violation.
- Documentation if any, of completion of the return to Duty Process following a Rule Violation.

Employee Signature: _____ Date: _____

Prospective Employer: CES Environmental Services, Inc.
4904 Griggs Road
Houston, TX 77021
Office: 713-676-1460
Fax: 713-676-1676
Attn: Human Resource

Previous Employer Name: _____

Address: _____

Phone: _____ Fax: _____

This Section to be completed by the Previous Employer and Transmitted by Mail or Fax to Prospective Employer.

1. Did the Employee have Alcohol Tests with a result of 0.04 or Higher?
2. Did the Employee have verified Position Drug Tests?
3. Did the Employee Refuse to be Tested?
4. Did the Employee have other Violations of DOT Agency Drug and Alcohol Testing Regulations?
5. Did a previous Employer Report a Drug and Alcohol Rule Violation to you?
6. If you answered "Yes" to any of the above Items, did the Employee complete the return to Duty Process?

NOTE: If you answered "Yes" to Item 5, you must provide the previous Employer's Report. If you answered "Yes" to Item 6, you must also Transmit the appropriate return to Duty Documentation (e.g. follow up Testing Record).

Name of the Person providing the Verification Information: _____

Title: _____ Phone: _____

Date: _____

EPAHO043001404

PROPRIETARY and CONFIDENTIAL
Property of CES Environmental Services, Inc & Port Arthur Chemical &
Environmental Services, LLC.

DOT Regulated Positions

If you are applying for a Position that is governed by DOT Regulation, please complete the following Information.

Social Security Number _____ Driver License Number _____ State _____

Name as it appears on your License _____

Please print any other Names you have used _____

Gender Male ☐ Female ☐
Race Asian ☐ Black (Non-Hispanic) ☐ Hispanic White ☐ Other ☐

Have you applied to or been Employed with a Department of Transportation (DOT) Regulated-Employer(s) in a Safety Sensitive Position during the Two Years prior to the Date of this Application or Transfer? Yes ☐ No ☐

If yes, please complete Section A of this Application. If No, please Sign below.

I hereby Certify that the Information set forth in this Application is true and may be verified. I understand that Falsified Statements or Omissions from this Form shall be considered sufficient reason for Rejection of my Application for Employment. If already Employed, such Falsification shall be considered sufficient cause for Dismissal.

Signature: _____ Date: _____

SECTION A

Please list all DOT Regulated Employers you have either applied to or been Employed with in a Safety Sensitive Position during the Two Years prior to this Date of Application:

Company Name

Address

Phone Position Dates of Employment

Company Name

Address

Phone Position Dates of Employment

Company Name

Address

Phone Position Dates of Employment

Please turn this Page over to complete Section Two of this Application.

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Property of CES Environmental Services, Inc & Port Arthur Chemical & Environmental Services, LLC.

DOT Regulated Positions (Continued)

Have you Violated any of the DOT Drug/Alcohol Violations listed below with any DOT Regulated Employer(s) that you have either applied to or been Employed with during the past Two Years prior to the Date of this Application?

DOT Drug/Alcohol Violations

1. Alcohol Test with a result of .04 or Higher Alcohol Concentration.
2. Verified Position Drug Test.
3. Refusals to be Tested (including Verified Adulterated or Substituted Drug Results).
4. Other Violations of DOT Agency Drugs and Alcohol Testing Regulations.

Yes ☐ No ☐

If Yes, please complete Section B of this Application. If No, please Sign below.

Signature: _____ Date: _____

SECTION B

Company Name

Address

Phone Position Dates of Employment

Company Name

Address

Phone Position Dates of Employment

Company Name

Address


Phone Position Dates of Employment

I hereby Certify that the Information set forth in this Application is true and may be verified. I understand that Falsified Statements or Omissions from this Form shall be considered sufficient reason for Rejection of my Application for Employment. If already Employed, such Falsification shall be considered sufficient cause for Dismissal.

Signature: _____ Date: _____

Suzi Muck

CES Company Policy

<u>THINK...</u> <u>USE GOOD</u> <u>JUDGMENT</u>	 CES Environmental Services, Inc.	<u>YOUR</u> <u>ATTITUDE</u> <u>COUNTS</u>
Date Issued: <u>12/09/2008</u>	DEPARTMENT(S): - <u>Operations</u> - <u>Processing</u> - <u>Tank Wash</u> - <u>Maintenance and Field</u> <u>Services</u> - <u>Sales, Finance, and</u> <u>Administration</u>	Revised Date: <u>00/00/0000</u>
Policy Number: <u>08-019</u>	Policy Title: <u>Company Cell Phones</u>	Policy Description: This Policy explains the usage of the CES Environmental Services, Inc. Company Cell Phones.

1. The Company Cell Phone you have been issued is for Company Business only and is property of **CES Environmental Services, Inc.** However, within reason, **Employees** can use the Company Cell Phone to make and receive personal calls. Any additional costs associated with personal use are the responsibility of the **Employee**.
 - Downloading Music, Pictures, and Video Games are not permitted. Any costs associated with unauthorized Downloads will be deducted from your pay check.
 - Unless expressly approved by **Upper or Mid Level Management**, Text Messaging will not be allowed. Any costs associated with unauthorized Text Messaging will be deducted from your pay check.
 - Unless expressly approved or amended by **Upper or Mid Level Management**, 500 Peak Minutes are allotted for General **Employees**, 1500 Minutes for **Mid Level Managers**, and unlimited for **Sales Representatives, Customer Service and Inside Sales Representatives, Customer Service and Inside Sales-Product Sales, and Upper Level Managers**. \$0.20 per Minute will be charged for Minutes over allotted amount. There are no unlimited Nights and Weekends only Mobile to Mobile.
2. The Company Cell Phone issued is your responsibility. If the Company Cell Phone is lost or stolen, **CES Environmental Services, Inc.** will charge back to you the Insurance Deductible associated with the replacement of your lost or stolen phone.

PROPRIETARY and CONFIDENTIAL
Property of CES Environmental Services, Inc.

3. If your Company Cell Phone/Equipment is lost, damaged or stolen due to work related activities, **CES Environmental Services, Inc.** will review each occurrence and determine if the cost to replace or repair the Company Cell Phone/Equipment will be charged back to the **Employee** responsible for the Company Cell Phone/Equipment or if **CES Environmental Services, Inc.** will absorb the cost of repair or replacement.
4. **CES Environmental Services, Inc.** will deduct any costs associated with the Company Cell Phones from the **Employee's** next pay check following **CES Environmental Services, Inc.** receiving and analyzing the Company Cell Phone Bill. No exceptions!
5. If you have any issues with your Company Cell Phone, please bring them to the **Human Resources and Support Services Supervisor's** attention.

Failure to adhere to the instructions outlined in this Policy may result in Disciplinary Actions (reference the Policy on Disciplinary Policy) up to and including Termination.

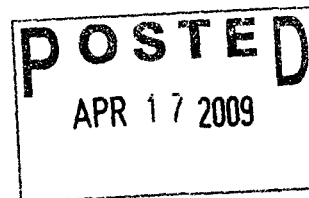
Employee Signature: Suz mock Date: 2/13/09

Employee Printed Name: Suzi mock

Anissa Wright

From: Ryan Thomas
Sent: Tuesday, April 14, 2009 10:34 AM
To: Matt Bowman
Cc: Brian Weathers; Greg Bowman; Anissa Wright
Subject: RE: Suzi Mock

Follow Up Flag: Follow up
Flag Status: Flagged



That is fine and I feel she should be happy with this.

From: Matt Bowman
Sent: Tuesday, April 14, 2009 10:32 AM
To: Ryan Thomas
Cc: Brian Weathers; Greg Bowman; Anissa Wright
Subject: RE: Suzi Mock

(b) (6)



From: Ryan Thomas
Sent: Tuesday, April 14, 2009 10:27 AM
To: Matt Bowman
Subject: Suzi Mock

(b) (6)



$$x(.10) = y$$

$$\frac{x(.10)}{(.10)} = \frac{15.86}{(.10)}$$

$$\cancel{x(.10)} + x = 158.6$$

$$x(.10) - x = -15.86$$

$$x(.10) - 1 \quad \frac{x(.10 - 1)}{(.10 - 1)} = \frac{-15.86}{(.10 - 1)}$$

Anissa Wright

From: Krissy Reese
Sent: Thursday, April 02, 2009 10:56 AM
To: Anissa Wright
Cc: Juanita Thomas
Subject: FW: Two things

See below

From: Ryan Thomas
Sent: Thursday, April 02, 2009 10:55 AM
To: Krissy Reese
Subject: Re: Two things

Yes pay Suzi for Friday.

From: Krissy Reese
To: Ryan Thomas
Sent: Thu Apr 02 07:42:53 2009
Subject: Two things
Suzi pay for funeral on Friday?

Krissy Reese
PACES, Administrative Assistant
713-800-7955
kreese@cesenvironmental.com

TEXAS WORKFORCE COMMISSION
101 E. 15TH RM 202T - WOTC
AUSTIN TX 78778-0001



Tom Pauken, Chairman

Andres Alcantar
Commissioner Representing the Public

Ronald G. Congleton
Commissioner Representing Labor

Larry E. Temple
Executive Director

02-25-09

CES ENVIRONMENTAL SERVICES
4904 GRIGGS RD
HOUSTON TX 77021

EMPLOYEE: (b) (6)
SSN: (b) (6)
CLAIM: 083-044693 DRWR: 112
EIN: 76-0592985

Dear Employer:

The Work Opportunity Tax Credit (WOTC) was created by the Small Business Job Protection Act of 1996. It is a federally funded program designed with two main objectives:

- (1) To address the employment needs of individuals who face significant barriers to employment, and
- (2) To provide a tax credit incentive to employers hiring applicants from the WOTC designated groups.

Certification is based on the qualifying information provided on the IRS Form 8850, the ETA FORM 9061, Individual Characteristics Form (ICF) and other required documentation. Our review has determined you are not eligible for the tax credit on the above employee because:

- The individual named above does not meet the eligibility criteria for any of the WOTC target groups.

JUDY WILLIAMS
1-800-695-6879

Anissa Wright

From: Keld Andersen
Sent: Monday, December 22, 2008 7:04 PM
To: Krissy Reese; Anissa Wright
Cc: Matt Bowman
Subject: Brad Wood Pay, Suzi Mock pay

Brad needs to SE @ \$65pa + gas retro to last monday when he started.

Suzi needs to moved up from her current level of \$(b)/hr to (b)/hr also retro to last Monday.

Keld

Port Arthur Chemical Environmental Services
PO Box 218
Port Arthur Tx 77641-0218
kandersen@cesenvironmental.com
630-212-0437

1/26/2009

EPAHO043001413

Employee Acknowledgment of Workers' Compensation Network

I have received information that tells me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this information, I understand that:

1. I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual at (800) 859-5995, extension 2880 to notify them of my choice.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.
5. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and or imprisonment.

Suzi Mock 9/25/08
Signature Date

Suzi Mock
Printed Name

I live at:

(b) (6)

City

State

Zip Code

Name of Employer: CES Environmental Services, Inc.

Name of Network: Texas Star Network_{SM}

Network service areas are subject to change.

Call (800) 381-8067 if you need a network treating provider.

Please indicate whether this is the:



Initial Employee Notification



Injury Notification (Date of Injury: 9/25/08)

**DO NOT RETURN THIS FORM TO TEXAS MUTUAL
INSURANCE COMPANY UNLESS REQUESTED**

Form W-4 (2008)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

- A Enter "1" for yourself if no one else can claim you as a dependent. A _____
- B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. B _____
- C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C _____
- D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D _____
- E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E _____
- F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit F _____
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)
- G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.
 • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children. G _____
- H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► H _____
- For accuracy, complete all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
 • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2008
1 Type or print your first name and middle initial. <u>Suzi</u>		Last name <u>Mock</u>		2 Your social security number <u>(b) (6)</u>
(b) (6)		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>4</u>		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u>0</u>		
7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) <u>Suzi Mock</u>				
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2008 tax return.

- 1 Enter an estimate of your 2008 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2008, you may have to reduce your itemized deductions if your income is over \$159,950 (\$79,975 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$10,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,000 \text{ if head of household} \\ \$5,450 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) 5 \$ _____
- 6 Enter an estimate of your 2008 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 Divide the amount on line 7 by \$3,500 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than "3." 2 _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet 3 _____
- Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 _____
 - 5 Enter the number from line 1 of this worksheet 5 _____
 - 6 Subtract line 5 from line 4 6 _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
 - 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
 - 9 Divide line 8 by the number of pay periods remaining in 2008. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2007. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$4,500	0	\$0 - \$6,500	0
4,501 - 10,000	1	6,501 - 12,000	1
10,001 - 18,000	2	12,001 - 20,000	2
18,001 - 22,000	3	20,001 - 27,000	3
22,001 - 27,000	4	27,001 - 35,000	4
27,001 - 33,000	5	35,001 - 50,000	5
33,001 - 40,000	6	50,001 - 65,000	6
40,001 - 50,000	7	65,001 - 80,000	7
50,001 - 55,000	8	80,001 - 95,000	8
55,001 - 60,000	9	95,001 - 120,000	9
60,001 - 65,000	10	120,001 and over	10
65,001 - 75,000	11		
75,001 - 100,000	12		
100,001 - 110,000	13		
110,001 - 120,000	14		
120,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$65,000	\$530	\$0 - \$35,000	\$530
65,001 - 120,000	880	35,001 - 80,000	880
120,001 - 180,000	980	80,001 - 150,000	980
180,001 - 310,000	1,160	150,001 - 340,000	1,160
310,001 and over	1,230	340,001 and over	1,230

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Pre-Screening Notice and Certification Request for
the Work Opportunity Credit**

OMB No. 1545-1500

► See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name Suzi Moul Social security number (b) (6)
Street address where you live (b) (6)
City or town, state, and ZIP code (b) (6)
Telephone number (b) (6)
If you are under age 40, enter your date of birth (month, day, year) (b) (6)

- 1 ☐ Check here if you are completing this form **before** August 28, 2007, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received food stamps for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a Received food stamps for the past 6 months, **or**
 - b Received food stamps for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:
- Discharged or released from active duty in the U.S. Armed Forces, **or**
 - Unemployed for a period or periods totaling at least 6 months.
- 5 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months, **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature Suzi Moul

Date 9/25/08

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 22851L

Form **8850** (Rev. 6-07)

EPAHO043001417

For Employer's Use OnlyEmployer's name CES Environmental Telephone no. (713) 676-1400 EIN ▶ 761059298Street address 4904 Grogg RdCity or town, state, and ZIP code Houston TX 77021

Person to contact, if different from above _____ Telephone no. () - _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) ▶ _____

Date applicant: Gave information 9/15/08 Was offered job 9/15/08 Was hired 9/15/08 Started job 9/15/08

Complete Only If Box 1 on Page 1 is Checked

State and
county or
parish of
job _____

☒ Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant completed this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ [Signature] Title HRL Date 9/15/08

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping 5 hrs., 30 min.

Learning about the law or the form 24 min.

Preparing and sending this form to the SWA 30 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.



TEXAS EMPLOYER NEW HIRE REPORTING PROGRAM
New Hire Reporting Form

- Please write all entries in CAPS • All items **MUST** be completed unless noted with an *
• PRINT legibly in ink, or type all entries • Further instructions are on reverse side

EMPLOYER INFORMATION			
1. Federal Employer ID Number (FEIN) 17161-10151912191815		2. State Employer ID Number * 117161015191219181514	
3. Employer's Name CIEIS ENVIRONMENTAL SERVICES INC			
4. Employer's Address 1410141 GRIGGS ROAD			
5. Employer's City HOUSTON		6. State TX	7. ZIP Code 77021-3208
8. Employer's Payroll Address (if different from above) *			
9. Employer's Payroll City		10. State	11. ZIP Code
12. Employer's Telephone (713) 676-1460		13. Employer's FAX (713) 676-1676	
14. New Hire Contact Person * PRABHAKAR R THANGUDU			
EMPLOYEE INFORMATION			
15. Social Security Number (SSN) (b) (6)		16. First Day of Work (Mo/Day/Yr) * 09/08/2008	
17. Employee First Name SUZEL			
18. Employee Middle Name IA			
19. Employee Last Name MICHAEL			
20. Employee Home Address (b) (6)			
21. Employee City PROCTORVILLE		22. State TX	23. ZIP Code 47160
24. Employee Foreign Address			
25. City		26. Country	27. Postal Code
28. State Where Employee was hired * TX		29. Employee DOB (Mo/Day/Yr) (b) (6)	
30. Employee's Salary Dollars (b) (6) Cents		31. Salary <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Yearly	

*Optional

Submit within 20 calendar days of new employee's first day of work to
ENHR Operations Center, P.O. Box 149224, Austin, Texas 78714-9224
FAX: 1-800-732-5015, Phone: 1-800-850-6442
Online: <http://employer.oag.state.tx.us>

New Hire Uniform and Safety Shoe Agreement

As a new employee of CES Environmental Services, I agree to pay the uniform set up fee of \$27.30. If I do not complete 90 days of employment I agree to allow CES Environmental Services to payroll deduct \$27.30 plus the amount of any lost uniforms and ~~\$100.00~~ for safety shoes furnished by CES Environmental Services, Inc.

Suz Mock
Employee Signature

9/25/08
Date

CES Environmental Services, Inc.
Effective Date: 9/25/08

**ACKNOWLEDGMENT
SAFETY POLICIES AND PROCEDURES MANUAL**

By my signature below, I (Please Print) Suzi Mock hereby
acknowledge that I have read (or it has been read to me), I have access to, and I
understand what is expected of me as an employee of CES Environmental
Services.

I agree to cooperate and abide by this policy and understand that any failure to do
so on my part is grounds for termination.

Suzi Mock
EMPLOYEE SIGNATURE

9/25/08
DATE

Chau
SIGNATURE OF SUPERVISOR OR WITNESS

9/25/08
DATE

CELL PHONE POLICY

1. The cell phone you have been issued is for company business only and is property of CES. However, **within reason**, employees can use the business phone to make and receive personal calls. All employees are issued 500 minutes. Any additional costs associated with personal use are the responsibility of the employee.
 - Downloading music, pictures and video games are not permitted. These downloads range from \$2.50 to \$5.99 each.
 - The company plan allows for 300 text messages per month (incoming and outgoing). Any messages over this will be the responsibility of the employee. Additional text messages are \$0.10 each (incoming and outgoing).
 - **500** peak minutes are allotted for general employees, **1500** minutes for Mid-level Managers and **unlimited** for Sales, Customer Service, and Upper Management. \$0.20 per minute will be charged for minutes over the allotted amount. *Unlimited nights and weekends are issued for each phone.*
2. The phone issued is **YOUR** responsibility. If the phone is lost or stolen, CES will charge you a \$50.00 insurance deductible.
3. If your cell phone is damaged due to work related activities, CES will replace your phone at no cost.
4. CES will deduct any costs associated with the cell phones from the employees next pay check following CES receiving the phone bill.
NO EXCEPTIONS!
5. If you have any issues with your phone, please bring them to Jeff's attention.

Suzi Mock
Employee Signature

9/25/08
Date

Suzi Mock
Printed Name

**DRUG AND ALCOHOL
TEST CONSENT**

I understand that as a condition of employment, I must voluntarily consent to and satisfactorily complete urine screening tests to determine the presence of certain substances and/or a blood alcohol test to determine the presence of alcohol.

I further understand that I must voluntarily consent to unannounced searches and inspections of myself and my clothing and any locker, desks, clothing, Company-paid lodging, or vehicle assigned to me for the purpose of enforcing this policy.

As a candidate for employment, I understand that the presence of one or more of such drugs will disqualify me from further consideration for employment.

As an incumbent employee, I understand that the presence of one or more such drugs/alcohol may be cause for disciplinary action, up to and including termination of my employment.

I certify that I have read this form and the CES Substance Abuse policy or they have been read to me, and I understand their contents. I agree to the release of information obtained through medical inquiries or substance screen tests by the medical examiner(s) to CES and all related entities or its representatives on "need to know" basis.

I also hereby authorize the Company to conduct through its designated medical examiner(s), a substance screen test(s) and I release the clinic/physician and related entities, their directors, employees and agents from all legal responsibility arising out of the information obtained through the medical inquiries or screening test.

Applicant/Employee Suzi moul Date 9/25/08
Witness [Signature] Date 9/25/08

* Port Arthur will issue.

Employee's Safety Supply List

Date: 9/25/08

Employee's Name:

Suzi Mock

Please initial next to the safety supplies you have been issued.

☒ Hard Hat
☒ Safety Glasses
☐ Goggles
☐ Ear Plugs
☐ Respirator
☐ Nomex Suit
☐ Rain Suit
☐ Rubber Boots Size _____
☐ Safety Harness
☐ Rubber Gloves
☐ Face Shield and Bracket


As an employee of CES you are responsible for the safety supplies you have been issued.

Employee Signature

Suzi Mock

PROPRIETARY and CONFIDENTIAL
Property of CES Environmental Services, Inc.

CES Company Policy

<u>THINK...</u> <u>USE GOOD</u> <u>JUDGMENT</u>	 CES Environmental Services, Inc.	<u>YOUR</u> <u>ATTITUDE</u> <u>COUNTS</u>
Date Issued: <u>07/31/2008</u>	DEPARTMENT(S): <u>-Transportation</u> <u>-Field Services</u>	Revised Date: <u>00/00/0000</u>
Policy Number: <u>08-061</u>	Policy Title: <u>Confidentiality Agreement of</u> <u>Company Business with</u> <u>Customers for Drivers and</u> <u>Field Services Personnel</u>	Policy Description: This Policy covers CES Environmental Services, Inc. Confidentiality Agreement that Drivers and Field Services Personnel will not release Company Business Information to Customers and or anyone outside the Company.

The purpose of this **CES Environmental Services, Inc. Policy** is for **CES Environmental Services, Inc. Drivers and Field Services Personnel** to acknowledge that in the course of his/her Employment with **CES Environmental Services, Inc.** all Company Business Information will be kept confidential and will not be revealed and or discussed to any **Customer(s)** and or anyone outside the Company.

This includes but is not limited to the following:

1. Manifest
2. Job Information Profile

Note: If the **CES Environmental Services, Inc. Employee** has any questions contact the **Logistics Supervisors**.

All CES Environmental Services, Inc. Business Information is to be considered highly confidential and by the Employee signing this Policy he/she agrees to abide by this Policy.

Employee Name: Suzi MacIL
Employee Signature: Suzi MacIL

Date: 9/25/08
Date: _____



CES Environmental Services, Inc.

Employee Information

Personal Information

Full Name: macIL Suri A
Last First M.I.
Address: (b) (6)
Street Address Apartment/Unit #
(b) (6)
City State ZIP Code
Home Phone: (b) (6) Alternate Phone: ()
E-mail Address: _____
Social Security Number or Government ID: (b) (6)
Birth Date: (b) (6) Marital Status: Married
Spouse's Name: (b) (6)
Spouse's Employer: _____ Spouse's Work Phone: ()

Job Information

Title: _____ Employee ID: _____
Supervisor: _____ Department: _____
Work Location: Port Arthur E-mail Address: _____
Work Phone: () Cell Phone: ()
Start Date: 9/25/08 Salary: \$

Emergency Contact Information

Full Name: (b) (6)
Last First M.I.
Address: (b) (6)
Street Address Apartment/Unit #
(b) (6)
City State ZIP Code
Primary Phone: (b) (6) Alternate Phone: ()
Relationship: _____